

Work Order ID 158994

\*158994\*

Page 1

Tuesday, April 04, 2017 2:38:10 PM

Item ID: D350-636-012

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Skidtube RH, Std Wearplates, DART (Apical) Cylindrical/Aerazur Float Comp.

Start Date: 4/5/2017 Start Qty: 1.00

\*\*\*

Cust Item ID:

Required Date: 4/17/2017 Req'd Qty: 1.00

\*\*\*

Customer:

Reference: SCHEDULED

Run Start \*NR1\*

Approvals: Process Plan: DAS 21 9-89 Date: APR 05 2017 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr             |                      |         |        |              |               |               |                  |                |
| D2750-042                      | G                        |                      |         |        |              |               |               |                  |                |
| D3492                          | E                        |                      |         |        |              |               |               |                  |                |

100

Document Control

0.00

\*100\*

DOCUMENT CONTROL

0.00

DC

Memo

Doc.Control -USB or Paperwork

record fwd angle: 89.8°

Photocopy blue file and type labels per PPP D350-636-012 CHG 007

DAS 27 9-89

JUN 07 2017

B158994 RH

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only

| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                          | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                          |                                   |                          |                                                                                                                                                     |                          |                      |                          |  |  |                |  |  |  |  |  |             |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |                          |        |                          |          |                          |         |                          |        |                          |               |                          |                    |                          |          |                          |              |                          |                       |                          |           |                          |       |                          |                      |                          |               |                          |          |                          |        |                          |                      |                          |      |                          |                |                          |              |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |                          |          |                          |                 |                          |       |                          |               |                          |                 |                          |            |                          |                    |                          |                  |                          |          |                          |             |                          |         |                          |         |                          |                  |                          |         |                          |            |                          |               |                          |            |                          |        |                          |     |                          |                     |                          |                    |                          |                                 |                          |              |                          |         |                          |            |                          |                     |                          |               |                          |             |                          |                       |                          |                  |                          |                  |                          |                       |                          |         |  |  |  |  |  |  |  |               |                          |          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------|--------------------------|--|--|----------------|--|--|--|--|--|-------------|--------------------------|--------------------|--------------------------|-----------------|--------------------------|------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|--------|--------------------------|----------|--------------------------|---------|--------------------------|--------|--------------------------|---------------|--------------------------|--------------------|--------------------------|----------|--------------------------|--------------|--------------------------|-----------------------|--------------------------|-----------|--------------------------|-------|--------------------------|----------------------|--------------------------|---------------|--------------------------|----------|--------------------------|--------|--------------------------|----------------------|--------------------------|------|--------------------------|----------------|--------------------------|--------------|--------------------------|----------|--------------------------|------------------------|--------------------------|-----------------------------------|--------------------------|--------------------|--------------------------|-------------------|--------------------------|----------|--------------------------|-----------------|--------------------------|-------|--------------------------|---------------|--------------------------|-----------------|--------------------------|------------|--------------------------|--------------------|--------------------------|------------------|--------------------------|----------|--------------------------|-------------|--------------------------|---------|--------------------------|---------|--------------------------|------------------|--------------------------|---------|--------------------------|------------|--------------------------|---------------|--------------------------|------------|--------------------------|--------|--------------------------|-----|--------------------------|---------------------|--------------------------|--------------------|--------------------------|---------------------------------|--------------------------|--------------|--------------------------|---------|--------------------------|------------|--------------------------|---------------------|--------------------------|---------------|--------------------------|-------------|--------------------------|-----------------------|--------------------------|------------------|--------------------------|------------------|--------------------------|-----------------------|--------------------------|---------|--|--|--|--|--|--|--|---------------|--------------------------|----------|--------------------------|
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          | Step #:                                                                                                                                                                            |                          | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                   |                          | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |                          |                      |                          |  |  |                |  |  |  |  |  |             |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |                          |        |                          |          |                          |         |                          |        |                          |               |                          |                    |                          |          |                          |              |                          |                       |                          |           |                          |       |                          |                      |                          |               |                          |          |                          |        |                          |                      |                          |      |                          |                |                          |              |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |                          |          |                          |                 |                          |       |                          |               |                          |                 |                          |            |                          |                    |                          |                  |                          |          |                          |             |                          |         |                          |         |                          |                  |                          |         |                          |            |                          |               |                          |            |                          |        |                          |     |                          |                     |                          |                    |                          |                                 |                          |              |                          |         |                          |            |                          |                     |                          |               |                          |             |                          |                       |                          |                  |                          |                  |                          |                       |                          |         |  |  |  |  |  |  |  |               |                          |          |                          |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                                                                                                                                                                    |                          | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                   |                          |                                                                                                                                                     |                          |                      |                          |  |  |                |  |  |  |  |  |             |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |                          |        |                          |          |                          |         |                          |        |                          |               |                          |                    |                          |          |                          |              |                          |                       |                          |           |                          |       |                          |                      |                          |               |                          |          |                          |        |                          |                      |                          |      |                          |                |                          |              |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |                          |          |                          |                 |                          |       |                          |               |                          |                 |                          |            |                          |                    |                          |                  |                          |          |                          |             |                          |         |                          |         |                          |                  |                          |         |                          |            |                          |               |                          |            |                          |        |                          |     |                          |                     |                          |                    |                          |                                 |                          |              |                          |         |                          |            |                          |                     |                          |               |                          |             |                          |                       |                          |                  |                          |                  |                          |                       |                          |         |  |  |  |  |  |  |  |               |                          |          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                                                                                                                                                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                   |                          |                                                                                                                                                     |                          |                      |                          |  |  |                |  |  |  |  |  |             |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |                          |        |                          |          |                          |         |                          |        |                          |               |                          |                    |                          |          |                          |              |                          |                       |                          |           |                          |       |                          |                      |                          |               |                          |          |                          |        |                          |                      |                          |      |                          |                |                          |              |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |                          |          |                          |                 |                          |       |                          |               |                          |                 |                          |            |                          |                    |                          |                  |                          |          |                          |             |                          |         |                          |         |                          |                  |                          |         |                          |            |                          |               |                          |            |                          |        |                          |     |                          |                     |                          |                    |                          |                                 |                          |              |                          |         |                          |            |                          |                     |                          |               |                          |             |                          |                       |                          |                  |                          |                  |                          |                       |                          |         |  |  |  |  |  |  |  |               |                          |          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                                                                                                                                                                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                   |                          |                                                                                                                                                     |                          |                      |                          |  |  |                |  |  |  |  |  |             |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |                          |        |                          |          |                          |         |                          |        |                          |               |                          |                    |                          |          |                          |              |                          |                       |                          |           |                          |       |                          |                      |                          |               |                          |          |                          |        |                          |                      |                          |      |                          |                |                          |              |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |                          |          |                          |                 |                          |       |                          |               |                          |                 |                          |            |                          |                    |                          |                  |                          |          |                          |             |                          |         |                          |         |                          |                  |                          |         |                          |            |                          |               |                          |            |                          |        |                          |     |                          |                     |                          |                    |                          |                                 |                          |              |                          |         |                          |            |                          |                     |                          |               |                          |             |                          |                       |                          |                  |                          |                  |                          |                       |                          |         |  |  |  |  |  |  |  |               |                          |          |                          |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: left;">Root Cause</th> <th colspan="6" style="text-align: left;">FAULT CATEGORY</th> </tr> </thead> <tbody> <tr> <td>Environment</td><td><input type="checkbox"/></td> <td>No Re-verification</td><td><input type="checkbox"/></td> <td>Pressure/Forced</td><td><input type="checkbox"/></td> <td>Temperature/Cure</td><td><input type="checkbox"/></td> <td>Power Loss/Surge</td><td><input type="checkbox"/></td> <td>Positioned Wrong</td><td><input type="checkbox"/></td> </tr> <tr> <td>Design</td><td><input type="checkbox"/></td> <td>Operator</td><td><input type="checkbox"/></td> <td>Bending</td><td><input type="checkbox"/></td> <td>Set-up</td><td><input type="checkbox"/></td> <td>Folio/Program</td><td><input type="checkbox"/></td> <td>Outside Dimensions</td><td><input type="checkbox"/></td> </tr> <tr> <td>Doc/Data</td><td><input type="checkbox"/></td> <td>Offset/Setup</td><td><input type="checkbox"/></td> <td>Centre Not Concentric</td><td><input type="checkbox"/></td> <td>BOM/Route</td><td><input type="checkbox"/></td> <td>Grain</td><td><input type="checkbox"/></td> <td>Over/Under tolerance</td><td><input type="checkbox"/></td> </tr> <tr> <td>Equip/Tooling</td><td><input type="checkbox"/></td> <td>Supplier</td><td><input type="checkbox"/></td> <td>Cracks</td><td><input type="checkbox"/></td> <td>Broken/Damage/Defect</td><td><input type="checkbox"/></td> <td>Weld</td><td><input type="checkbox"/></td> <td>Part Incorrect</td><td><input type="checkbox"/></td> </tr> <tr> <td>Handling/Pre</td><td><input type="checkbox"/></td> <td>Training</td><td><input type="checkbox"/></td> <td>Crimp/Kink/Ripple/Wave</td><td><input type="checkbox"/></td> <td>Inspection Incomplete/Unqualified</td><td><input type="checkbox"/></td> <td>Wrong Stock Pulled</td><td><input type="checkbox"/></td> <td>Part Lost/Missing</td><td><input type="checkbox"/></td> </tr> <tr> <td>Material</td><td><input type="checkbox"/></td> <td>Use for Testing</td><td><input type="checkbox"/></td> <td>Cuffs</td><td><input type="checkbox"/></td> <td>Contamination</td><td><input type="checkbox"/></td> <td>Out of Sequence</td><td><input type="checkbox"/></td> <td>Part Moved</td><td><input type="checkbox"/></td> </tr> <tr> <td>Internal Transport</td><td><input type="checkbox"/></td> <td>Poor Information</td><td><input type="checkbox"/></td> <td>Crushing</td><td><input type="checkbox"/></td> <td>Countersink</td><td><input type="checkbox"/></td> <td>Off-set</td><td><input type="checkbox"/></td> <td>Drawing</td><td><input type="checkbox"/></td> </tr> <tr> <td>Tribal Knowledge</td><td><input type="checkbox"/></td> <td>Rushing</td><td><input type="checkbox"/></td> <td>Heat Treat</td><td><input type="checkbox"/></td> <td>Cut Too Short</td><td><input type="checkbox"/></td> <td>Mislabeled</td><td><input type="checkbox"/></td> <td>Finish</td><td><input type="checkbox"/></td> </tr> <tr> <td>LOA</td><td><input type="checkbox"/></td> <td>Product Improvement</td><td><input type="checkbox"/></td> <td>Wave/Twist in Tube</td><td><input type="checkbox"/></td> <td>Instructions Incomplete/Unclear</td><td><input type="checkbox"/></td> <td>Fit/Function</td><td><input type="checkbox"/></td> <td>Misread</td><td><input type="checkbox"/></td> </tr> <tr> <td>Substation</td><td><input type="checkbox"/></td> <td>Process Improvement</td><td><input type="checkbox"/></td> <td>Marks/Chatter</td><td><input type="checkbox"/></td> <td>Drill Holes</td><td><input type="checkbox"/></td> <td>Misaligned/off center</td><td><input type="checkbox"/></td> <td>Turning Sequence</td><td><input type="checkbox"/></td> </tr> <tr> <td>Past Expiry Date</td><td><input type="checkbox"/></td> <td>Manufacturing Process</td><td><input type="checkbox"/></td> <td colspan="8" rowspan="2" style="text-align: center; vertical-align: top;">OTHER :</td> </tr> <tr> <td>Misidentified</td><td><input type="checkbox"/></td> <td>Past Due</td><td><input type="checkbox"/></td> </tr> </tbody> </table> |                          |                                                                                                                                                                                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                   |                          |                                                                                                                                                     |                          | Root Cause           |                          |  |  | FAULT CATEGORY |  |  |  |  |  | Environment | <input type="checkbox"/> | No Re-verification | <input type="checkbox"/> | Pressure/Forced | <input type="checkbox"/> | Temperature/Cure | <input type="checkbox"/> | Power Loss/Surge | <input type="checkbox"/> | Positioned Wrong | <input type="checkbox"/> | Design | <input type="checkbox"/> | Operator | <input type="checkbox"/> | Bending | <input type="checkbox"/> | Set-up | <input type="checkbox"/> | Folio/Program | <input type="checkbox"/> | Outside Dimensions | <input type="checkbox"/> | Doc/Data | <input type="checkbox"/> | Offset/Setup | <input type="checkbox"/> | Centre Not Concentric | <input type="checkbox"/> | BOM/Route | <input type="checkbox"/> | Grain | <input type="checkbox"/> | Over/Under tolerance | <input type="checkbox"/> | Equip/Tooling | <input type="checkbox"/> | Supplier | <input type="checkbox"/> | Cracks | <input type="checkbox"/> | Broken/Damage/Defect | <input type="checkbox"/> | Weld | <input type="checkbox"/> | Part Incorrect | <input type="checkbox"/> | Handling/Pre | <input type="checkbox"/> | Training | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave | <input type="checkbox"/> | Inspection Incomplete/Unqualified | <input type="checkbox"/> | Wrong Stock Pulled | <input type="checkbox"/> | Part Lost/Missing | <input type="checkbox"/> | Material | <input type="checkbox"/> | Use for Testing | <input type="checkbox"/> | Cuffs | <input type="checkbox"/> | Contamination | <input type="checkbox"/> | Out of Sequence | <input type="checkbox"/> | Part Moved | <input type="checkbox"/> | Internal Transport | <input type="checkbox"/> | Poor Information | <input type="checkbox"/> | Crushing | <input type="checkbox"/> | Countersink | <input type="checkbox"/> | Off-set | <input type="checkbox"/> | Drawing | <input type="checkbox"/> | Tribal Knowledge | <input type="checkbox"/> | Rushing | <input type="checkbox"/> | Heat Treat | <input type="checkbox"/> | Cut Too Short | <input type="checkbox"/> | Mislabeled | <input type="checkbox"/> | Finish | <input type="checkbox"/> | LOA | <input type="checkbox"/> | Product Improvement | <input type="checkbox"/> | Wave/Twist in Tube | <input type="checkbox"/> | Instructions Incomplete/Unclear | <input type="checkbox"/> | Fit/Function | <input type="checkbox"/> | Misread | <input type="checkbox"/> | Substation | <input type="checkbox"/> | Process Improvement | <input type="checkbox"/> | Marks/Chatter | <input type="checkbox"/> | Drill Holes | <input type="checkbox"/> | Misaligned/off center | <input type="checkbox"/> | Turning Sequence | <input type="checkbox"/> | Past Expiry Date | <input type="checkbox"/> | Manufacturing Process | <input type="checkbox"/> | OTHER : |  |  |  |  |  |  |  | Misidentified | <input type="checkbox"/> | Past Due | <input type="checkbox"/> |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                                                                                                                                    |                          | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                                   |                          |                                                                                                                                                     |                          |                      |                          |  |  |                |  |  |  |  |  |             |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |                          |        |                          |          |                          |         |                          |        |                          |               |                          |                    |                          |          |                          |              |                          |                       |                          |           |                          |       |                          |                      |                          |               |                          |          |                          |        |                          |                      |                          |      |                          |                |                          |              |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |                          |          |                          |                 |                          |       |                          |               |                          |                 |                          |            |                          |                    |                          |                  |                          |          |                          |             |                          |         |                          |         |                          |                  |                          |         |                          |            |                          |               |                          |            |                          |        |                          |     |                          |                     |                          |                    |                          |                                 |                          |              |                          |         |                          |            |                          |                     |                          |               |                          |             |                          |                       |                          |                  |                          |                  |                          |                       |                          |         |  |  |  |  |  |  |  |               |                          |          |                          |
| Environment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | No Re-verification                                                                                                                                                                 | <input type="checkbox"/> | Pressure/Forced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | Temperature/Cure                  | <input type="checkbox"/> | Power Loss/Surge                                                                                                                                    | <input type="checkbox"/> | Positioned Wrong     | <input type="checkbox"/> |  |  |                |  |  |  |  |  |             |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |                          |        |                          |          |                          |         |                          |        |                          |               |                          |                    |                          |          |                          |              |                          |                       |                          |           |                          |       |                          |                      |                          |               |                          |          |                          |        |                          |                      |                          |      |                          |                |                          |              |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |                          |          |                          |                 |                          |       |                          |               |                          |                 |                          |            |                          |                    |                          |                  |                          |          |                          |             |                          |         |                          |         |                          |                  |                          |         |                          |            |                          |               |                          |            |                          |        |                          |     |                          |                     |                          |                    |                          |                                 |                          |              |                          |         |                          |            |                          |                     |                          |               |                          |             |                          |                       |                          |                  |                          |                  |                          |                       |                          |         |  |  |  |  |  |  |  |               |                          |          |                          |
| Design                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | Operator                                                                                                                                                                           | <input type="checkbox"/> | Bending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | Set-up                            | <input type="checkbox"/> | Folio/Program                                                                                                                                       | <input type="checkbox"/> | Outside Dimensions   | <input type="checkbox"/> |  |  |                |  |  |  |  |  |             |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |                          |        |                          |          |                          |         |                          |        |                          |               |                          |                    |                          |          |                          |              |                          |                       |                          |           |                          |       |                          |                      |                          |               |                          |          |                          |        |                          |                      |                          |      |                          |                |                          |              |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |                          |          |                          |                 |                          |       |                          |               |                          |                 |                          |            |                          |                    |                          |                  |                          |          |                          |             |                          |         |                          |         |                          |                  |                          |         |                          |            |                          |               |                          |            |                          |        |                          |     |                          |                     |                          |                    |                          |                                 |                          |              |                          |         |                          |            |                          |                     |                          |               |                          |             |                          |                       |                          |                  |                          |                  |                          |                       |                          |         |  |  |  |  |  |  |  |               |                          |          |                          |
| Doc/Data                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | Offset/Setup                                                                                                                                                                       | <input type="checkbox"/> | Centre Not Concentric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | BOM/Route                         | <input type="checkbox"/> | Grain                                                                                                                                               | <input type="checkbox"/> | Over/Under tolerance | <input type="checkbox"/> |  |  |                |  |  |  |  |  |             |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |                          |        |                          |          |                          |         |                          |        |                          |               |                          |                    |                          |          |                          |              |                          |                       |                          |           |                          |       |                          |                      |                          |               |                          |          |                          |        |                          |                      |                          |      |                          |                |                          |              |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |                          |          |                          |                 |                          |       |                          |               |                          |                 |                          |            |                          |                    |                          |                  |                          |          |                          |             |                          |         |                          |         |                          |                  |                          |         |                          |            |                          |               |                          |            |                          |        |                          |     |                          |                     |                          |                    |                          |                                 |                          |              |                          |         |                          |            |                          |                     |                          |               |                          |             |                          |                       |                          |                  |                          |                  |                          |                       |                          |         |  |  |  |  |  |  |  |               |                          |          |                          |
| Equip/Tooling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | Supplier                                                                                                                                                                           | <input type="checkbox"/> | Cracks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | Broken/Damage/Defect              | <input type="checkbox"/> | Weld                                                                                                                                                | <input type="checkbox"/> | Part Incorrect       | <input type="checkbox"/> |  |  |                |  |  |  |  |  |             |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |                          |        |                          |          |                          |         |                          |        |                          |               |                          |                    |                          |          |                          |              |                          |                       |                          |           |                          |       |                          |                      |                          |               |                          |          |                          |        |                          |                      |                          |      |                          |                |                          |              |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |                          |          |                          |                 |                          |       |                          |               |                          |                 |                          |            |                          |                    |                          |                  |                          |          |                          |             |                          |         |                          |         |                          |                  |                          |         |                          |            |                          |               |                          |            |                          |        |                          |     |                          |                     |                          |                    |                          |                                 |                          |              |                          |         |                          |            |                          |                     |                          |               |                          |             |                          |                       |                          |                  |                          |                  |                          |                       |                          |         |  |  |  |  |  |  |  |               |                          |          |                          |
| Handling/Pre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | Training                                                                                                                                                                           | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | Inspection Incomplete/Unqualified | <input type="checkbox"/> | Wrong Stock Pulled                                                                                                                                  | <input type="checkbox"/> | Part Lost/Missing    | <input type="checkbox"/> |  |  |                |  |  |  |  |  |             |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |                          |        |                          |          |                          |         |                          |        |                          |               |                          |                    |                          |          |                          |              |                          |                       |                          |           |                          |       |                          |                      |                          |               |                          |          |                          |        |                          |                      |                          |      |                          |                |                          |              |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |                          |          |                          |                 |                          |       |                          |               |                          |                 |                          |            |                          |                    |                          |                  |                          |          |                          |             |                          |         |                          |         |                          |                  |                          |         |                          |            |                          |               |                          |            |                          |        |                          |     |                          |                     |                          |                    |                          |                                 |                          |              |                          |         |                          |            |                          |                     |                          |               |                          |             |                          |                       |                          |                  |                          |                  |                          |                       |                          |         |  |  |  |  |  |  |  |               |                          |          |                          |
| Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | Use for Testing                                                                                                                                                                    | <input type="checkbox"/> | Cuffs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | Contamination                     | <input type="checkbox"/> | Out of Sequence                                                                                                                                     | <input type="checkbox"/> | Part Moved           | <input type="checkbox"/> |  |  |                |  |  |  |  |  |             |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |                          |        |                          |          |                          |         |                          |        |                          |               |                          |                    |                          |          |                          |              |                          |                       |                          |           |                          |       |                          |                      |                          |               |                          |          |                          |        |                          |                      |                          |      |                          |                |                          |              |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |                          |          |                          |                 |                          |       |                          |               |                          |                 |                          |            |                          |                    |                          |                  |                          |          |                          |             |                          |         |                          |         |                          |                  |                          |         |                          |            |                          |               |                          |            |                          |        |                          |     |                          |                     |                          |                    |                          |                                 |                          |              |                          |         |                          |            |                          |                     |                          |               |                          |             |                          |                       |                          |                  |                          |                  |                          |                       |                          |         |  |  |  |  |  |  |  |               |                          |          |                          |
| Internal Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | Poor Information                                                                                                                                                                   | <input type="checkbox"/> | Crushing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | Countersink                       | <input type="checkbox"/> | Off-set                                                                                                                                             | <input type="checkbox"/> | Drawing              | <input type="checkbox"/> |  |  |                |  |  |  |  |  |             |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |                          |        |                          |          |                          |         |                          |        |                          |               |                          |                    |                          |          |                          |              |                          |                       |                          |           |                          |       |                          |                      |                          |               |                          |          |                          |        |                          |                      |                          |      |                          |                |                          |              |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |                          |          |                          |                 |                          |       |                          |               |                          |                 |                          |            |                          |                    |                          |                  |                          |          |                          |             |                          |         |                          |         |                          |                  |                          |         |                          |            |                          |               |                          |            |                          |        |                          |     |                          |                     |                          |                    |                          |                                 |                          |              |                          |         |                          |            |                          |                     |                          |               |                          |             |                          |                       |                          |                  |                          |                  |                          |                       |                          |         |  |  |  |  |  |  |  |               |                          |          |                          |
| Tribal Knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | Rushing                                                                                                                                                                            | <input type="checkbox"/> | Heat Treat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | Cut Too Short                     | <input type="checkbox"/> | Mislabeled                                                                                                                                          | <input type="checkbox"/> | Finish               | <input type="checkbox"/> |  |  |                |  |  |  |  |  |             |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |                          |        |                          |          |                          |         |                          |        |                          |               |                          |                    |                          |          |                          |              |                          |                       |                          |           |                          |       |                          |                      |                          |               |                          |          |                          |        |                          |                      |                          |      |                          |                |                          |              |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |                          |          |                          |                 |                          |       |                          |               |                          |                 |                          |            |                          |                    |                          |                  |                          |          |                          |             |                          |         |                          |         |                          |                  |                          |         |                          |            |                          |               |                          |            |                          |        |                          |     |                          |                     |                          |                    |                          |                                 |                          |              |                          |         |                          |            |                          |                     |                          |               |                          |             |                          |                       |                          |                  |                          |                  |                          |                       |                          |         |  |  |  |  |  |  |  |               |                          |          |                          |
| LOA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | Product Improvement                                                                                                                                                                | <input type="checkbox"/> | Wave/Twist in Tube                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | Instructions Incomplete/Unclear   | <input type="checkbox"/> | Fit/Function                                                                                                                                        | <input type="checkbox"/> | Misread              | <input type="checkbox"/> |  |  |                |  |  |  |  |  |             |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |                          |        |                          |          |                          |         |                          |        |                          |               |                          |                    |                          |          |                          |              |                          |                       |                          |           |                          |       |                          |                      |                          |               |                          |          |                          |        |                          |                      |                          |      |                          |                |                          |              |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |                          |          |                          |                 |                          |       |                          |               |                          |                 |                          |            |                          |                    |                          |                  |                          |          |                          |             |                          |         |                          |         |                          |                  |                          |         |                          |            |                          |               |                          |            |                          |        |                          |     |                          |                     |                          |                    |                          |                                 |                          |              |                          |         |                          |            |                          |                     |                          |               |                          |             |                          |                       |                          |                  |                          |                  |                          |                       |                          |         |  |  |  |  |  |  |  |               |                          |          |                          |
| Substation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | Process Improvement                                                                                                                                                                | <input type="checkbox"/> | Marks/Chatter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | Drill Holes                       | <input type="checkbox"/> | Misaligned/off center                                                                                                                               | <input type="checkbox"/> | Turning Sequence     | <input type="checkbox"/> |  |  |                |  |  |  |  |  |             |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |                          |        |                          |          |                          |         |                          |        |                          |               |                          |                    |                          |          |                          |              |                          |                       |                          |           |                          |       |                          |                      |                          |               |                          |          |                          |        |                          |                      |                          |      |                          |                |                          |              |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |                          |          |                          |                 |                          |       |                          |               |                          |                 |                          |            |                          |                    |                          |                  |                          |          |                          |             |                          |         |                          |         |                          |                  |                          |         |                          |            |                          |               |                          |            |                          |        |                          |     |                          |                     |                          |                    |                          |                                 |                          |              |                          |         |                          |            |                          |                     |                          |               |                          |             |                          |                       |                          |                  |                          |                  |                          |                       |                          |         |  |  |  |  |  |  |  |               |                          |          |                          |
| Past Expiry Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | Manufacturing Process                                                                                                                                                              | <input type="checkbox"/> | OTHER :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                   |                          |                                                                                                                                                     |                          |                      |                          |  |  |                |  |  |  |  |  |             |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |                          |        |                          |          |                          |         |                          |        |                          |               |                          |                    |                          |          |                          |              |                          |                       |                          |           |                          |       |                          |                      |                          |               |                          |          |                          |        |                          |                      |                          |      |                          |                |                          |              |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |                          |          |                          |                 |                          |       |                          |               |                          |                 |                          |            |                          |                    |                          |                  |                          |          |                          |             |                          |         |                          |         |                          |                  |                          |         |                          |            |                          |               |                          |            |                          |        |                          |     |                          |                     |                          |                    |                          |                                 |                          |              |                          |         |                          |            |                          |                     |                          |               |                          |             |                          |                       |                          |                  |                          |                  |                          |                       |                          |         |  |  |  |  |  |  |  |               |                          |          |                          |
| Misidentified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | Past Due                                                                                                                                                                           | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                   |                          |                                                                                                                                                     |                          |                      |                          |  |  |                |  |  |  |  |  |             |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |                          |        |                          |          |                          |         |                          |        |                          |               |                          |                    |                          |          |                          |              |                          |                       |                          |           |                          |       |                          |                      |                          |               |                          |          |                          |        |                          |                      |                          |      |                          |                |                          |              |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |                          |          |                          |                 |                          |       |                          |               |                          |                 |                          |            |                          |                    |                          |                  |                          |          |                          |             |                          |         |                          |         |                          |                  |                          |         |                          |            |                          |               |                          |            |                          |        |                          |     |                          |                     |                          |                    |                          |                                 |                          |              |                          |         |                          |            |                          |                     |                          |               |                          |             |                          |                       |                          |                  |                          |                  |                          |                       |                          |         |  |  |  |  |  |  |  |               |                          |          |                          |

# Work Order ID 158994

## \*158994\*

Page 2

Tuesday, April 04, 2017 2:38:10 PM

Item ID: D350-030-012

Accept

### \*N9000040100\*

Setup Start \*NS1\*

Stop \*NS2\*

Revision ID:

Item Name: Skidtube RH, Std Wearplates, DART (Apical) Cylindrical/Aerazur Float Comp.

Start Date: 4/5/2017 Start Qty: 1.00 \*1\*

Cust Item ID:

Required Date: 4/17/2017 Req'd Qty: 1.00 \*1\*

Customer:

Reference: SCHEDULED

Run Start \*NR1\*

Stop \*NR2\*

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                                                                                                                                                     | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 110                            | Skidtubes                                                                                                                                                                                                    | 0.00                 |         |        |              |               |               |                  |                |
| *110*                          |                                                                                                                                                                                                              |                      |         |        |              |               |               |                  |                |
| Skidtubes                      | Memo                                                                                                                                                                                                         | 0.15                 |         |        |              |               |               |                  |                |
| Skidtubes                      | 1- Pick D2600-3 Bent                                                                                                                                                                                         |                      |         |        |              |               |               |                  |                |
|                                | 2- Deburr FWD and AFT ends, remove bending marks. Scribe batch# inside AFT end per dwg D2750                                                                                                                 |                      |         |        |              |               |               |                  |                |
|                                | 3- Drill pilot holes for blade fitting bolt holes using DT8983. Start with 3/16", then open to 0.500" using center drill then ream holes using 0.500" reamer. PIN first side. Repeat process on second side. |                      |         |        |              |               |               |                  |                |
|                                | ***ENSURE PROPER POSITIONING FWD BEND MUST BE FACING UP WHEN DRILLING FIRST SIDE***                                                                                                                          |                      |         |        |              |               |               |                  |                |
|                                | Drill pilot holes as per Dwg D2750 sheet 4 (D2750-2 details). Drill using drill Jig DT8150 & DT8863A for second side only DT8863B for first side (detail K)                                                  |                      |         |        |              |               |               |                  |                |
|                                | 4- Locate DT8329 off of blade fitting bolt holes and drill pilot holes for blade fitting. Open to 0.500" using hole saw. VERIFY AND RECORD FWD BEND ANGLE.                                                   |                      |         |        |              |               |               |                  |                |
|                                | 6- Drill pilot holes for wearplates as per Dwg D2750 using DT8108 open to 0.297".                                                                                                                            |                      |         |        |              |               |               |                  |                |
|                                | 7- Open up holes of Detail J to 0.297" (total of 2 holes per side)                                                                                                                                           |                      |         |        |              |               |               |                  |                |
|                                | 8- Weld D2744 Cap as per Dwg D2750 and QSI 004. Fill grooves in bend left from bending as per QSI 004                                                                                                        |                      |         |        |              |               |               |                  |                |

1 17-04-26



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

# WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                   |                                                                                                                                                                                |                                        |                                     |                                              |                                      |  |  |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------|----------------------------------------------|--------------------------------------|--|--|
| Work Order: _____ | <b>DISPOSITION</b><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b>      |                                     |                                              |                                      |  |  |
| Part No. _____    |                                                                                                                                                                                | Skid-tube <input type="checkbox"/>     | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/>           | Engineering <input type="checkbox"/> |  |  |
| NCR No. _____     |                                                                                                                                                                                | Machining <input type="checkbox"/>     | Small Fab <input type="checkbox"/>  | Prod. Eng. Coord. <input type="checkbox"/>   | Quality <input type="checkbox"/>     |  |  |
|                   |                                                                                                                                                                                | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/>  | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>       |  |  |
|                   |                                                                                                                                                                                | Large Fab <input type="checkbox"/>     | Composite <input type="checkbox"/>  | Supplier <input type="checkbox"/>            |                                      |  |  |

|                                  |         |                 |                                              |
|----------------------------------|---------|-----------------|----------------------------------------------|
| Date :                           | Step #: | QTY Effective : | MRB (QSI042) Approval                        |
| Description Work Order Deviation |         | Disposition     |                                              |
|                                  |         |                 | Completed By                                 |
|                                  |         |                 | Lead hand / Supervisor Approval Verification |
|                                  |         |                 | QC / QA Coordinator Approval                 |

| Root Cause                                  |                                                | FAULT CATEGORY                                  |                                                            |                                                |                                               |
|---------------------------------------------|------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|
| Environment <input type="checkbox"/>        | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>        | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>     |
| Design <input type="checkbox"/>             | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>   |
| Doc/Data <input type="checkbox"/>           | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>  | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/> |
| Equip/Tooling <input type="checkbox"/>      | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                 | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>       |
| Handling/Pre <input type="checkbox"/>       | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>    |
| Material <input type="checkbox"/>           | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                  | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>           |
| Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>               | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>              |
| Tribal Knowledge <input type="checkbox"/>   | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>             | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>               |
| LOA <input type="checkbox"/>                | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>     | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>              |
| Substation <input type="checkbox"/>         | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>          | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>     |
| Past Expiry Date <input type="checkbox"/>   | Manufacturing Process <input type="checkbox"/> |                                                 |                                                            |                                                |                                               |
| Misidentified <input type="checkbox"/>      | Past Due <input type="checkbox"/>              | OTHER :                                         |                                                            |                                                |                                               |



**Work Order ID 158994**

Tuesday, April 04, 2017 2:38:10 PM

**\*158994\***

Page 3

Item ID: D350-636-012

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Skidtube RH, Std Wearplates, DART (Apical) Cylindrical/Aerazur Float Comp.

Start Date: 4/5/2017 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 4/17/2017 Req'd Qty: 1.00

**\*1\***

Customer:

Reference: SCHEDULED

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start

**\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

**\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

A/R Aluminum Rod batch: m136920

9- Grind welds flush as per Dwg D2750

7861704-26

120

QC10- Inspect visual per QSI004- ground welds

0.00

**\*120\***

QC

Memo

0.00

Quality Control

1DAS  
38  
9-89

MAY 03 2017

130

QC5- Inspect part completeness to step on W/O

0.00

**\*130\***

QC

Memo

0.02

Quality Control

1DAS  
38  
9-89

MAY 03 2017

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|-------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                 |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QSI042) Approval |                                                 |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                       | Completed By                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | Lead hand / Supervisor<br>Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | QC / QA Coordinator<br>Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
| <b>Root Cause</b>                                            |                                                | <b>FAULT CATEGORY</b>                                                                                                                                                              |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                       |                                                 |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                       |                                                 |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                       |                                                 |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                       |                                                 |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                                 |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                       |                                                 |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                       |                                                 |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                       |                                                 |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                       |                                                 |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                       |                                                 |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              | OTHER :                                                                                                                                                                            |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |

*Tuesday, April 04, 2017 2:38:10 PM*

**\*158994\***

Page 4

**\*N900040100\***

**Setup Start \*NS1\***

Stop **\*NS2\***

Stop **\*NS2\***

**Start Date:** 4/5/2017      **Start Qty:** 1.00      **\*1\***

**Cust Item ID:**

**Required Date:** 4/17/2017      **Req'd Qty:** 1.00      **\* 1 \***

**Customer:**

**Reference:** SCHEDULED

**Approvals:**      **Process Plan:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Tooling:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

140

Chemical Conversion Coat per QSI005 4.1

0.00

**\*140\***

## Memo

0.70

HandFinish

## Hand Finishing

150

### QC7-Inspect Chemical Conversion Coat

0.00

**\*150\***

## Memo

0.01

QC

## Quality Control



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                                           |  |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                                                                                                                                                                           |  |  |
| Date : _____                                                 |                                                | Step #: _____                                                                                                                                                                      |                                                            | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                               |  | <b>MRB (QSI042) Approval</b><br><br><br><b>Completed By</b><br><br><br><b>Lead hand / Supervisor Approval Verification</b><br><br><br><b>QC / QA Coordinator Approval</b> |  |  |
| <b>Description Work Order Deviation</b>                      |                                                |                                                                                                                                                                                    |                                                            | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               |  |                                                                                                                                                                           |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                                           |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                                           |  |  |
| <b>Root Cause</b>                                            |                                                | <b>FAULT CATEGORY</b>                                                                                                                                                              |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                                           |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                                                                                                                                                                           |  |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                                                                                                                                                                           |  |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                                                                                                                                                                           |  |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                                                                                                                                                                           |  |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                                                                                                                                                                           |  |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                                                                                                                                                                           |  |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                                                                                                                                                                           |  |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                                                                                                                                                                           |  |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                                                                                                                                                                           |  |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                                                                                                                                                                           |  |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | <b>OTHER :</b> _____                                                                                                                                                               |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                                           |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                                                                           |  |  |

**Work Order ID 158994**

Tuesday, April 04, 2017 2:38:10 PM

**\*158994\***

Page 5

Item ID: D350-636-012

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Skidtube RH, Std Wearplates, DART (Apical) Cylindrical/Aerazur Float Comp.

Start Date: 4/5/2017 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 4/17/2017 Req'd Qty: 1.00

**\*1\***

Customer:

Reference: SCHEDULED

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                                                                                         | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 160                            | Skidtubes                                                                                                                                        | 0.00                 |         |        |              |               |               |                  |                |
| <b>*160*</b>                   |                                                                                                                                                  |                      |         |        |              |               |               |                  |                |
| Skidtubes                      |                                                                                                                                                  |                      |         |        |              |               |               |                  |                |
| Skidtubes                      | <b>Memo</b>                                                                                                                                      | 0.93                 |         |        |              |               |               |                  |                |
|                                | 1- Open up holes of Detail L using hole saw and ground handling to 0.625" (total of 8 holes per side) as per dwg D2750.                          |                      |         |        |              |               |               |                  |                |
|                                | 2- Open up holes of Detail K using hole saw to 0.750" (total of 4 holes per side) as per dwg D2750.                                              |                      |         |        |              |               |               |                  |                |
|                                | 3- Open float holes using uni-bit to .500" (4 per Side)                                                                                          |                      |         |        |              |               |               |                  |                |
|                                | 4- Chamfer holes of Detail K, L, ground handling and float holes per dwg D2750 (welding instructions on sheet 9)                                 |                      |         |        |              |               |               |                  |                |
|                                | 5- Deburr and blow out all chips from inside of tube                                                                                             |                      |         |        |              |               |               |                  |                |
|                                | 6- Prepare tube for welding, remove alodine as required.                                                                                         |                      |         |        |              |               |               |                  |                |
|                                | 7- Bond web D2739 in place as per QSI 015, let cure for 12hrs.<br>A/R Sikaflex-291 batch: <u>M137127</u><br>exp. date: <u>17-02-06</u>           |                      |         |        |              |               |               |                  |                |
|                                | <b>**ATTN: USE I-BEAM LOCATION AID (BLADE FITTING)**</b>                                                                                         |                      |         |        |              |               |               |                  |                |
|                                | 8- Weld spacers D3490-1, D3490-3 and D2743 as per dwg D2750 & QSI004 (welding instructions on sheet 9)<br>A/R Aluminum Rod batch: <u>M136920</u> |                      |         |        |              |               |               |                  |                |
|                                | 9- At section AP-AP drill out x-bolt spacer to 0.404"                                                                                            |                      |         |        |              |               |               |                  |                |
|                                | 10-Grind welds flush as per Dwg D2750                                                                                                            |                      |         |        |              |               |               |                  |                |

17-05-03  
Dx

18:00

7861705-04

17-05-04  
Dx

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |



**Work Order ID 158994**

Tuesday, April 04, 2017 2:38:10 PM

**\*158994\***

Page 6

Item ID: D350-636-012 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Skidtube RH, Std Wearplates, DART (Apical) Cylindrical/Aerazur Float Comp.  
Start Date: 4/5/2017 Start Qty: 1.00 **\*1\*** Cust Item ID:  
Required Date: 4/17/2017 Req'd Qty: 1.00 **\*1\*** Customer:  
Reference: SCHEDULED

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                                     | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|----------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|                                | 11- Spot face ground handling holes section (total of 4 places per side) as per<br>dwg D2750 |                      |         |        |              |               |               |                  |                |
|                                | 12- Deburr holes, ensure tube is free of all scratches before sending to<br>paint.           |                      |         |        |              |               |               |                  |                |
| 170                            | QC10- Inspect visual per QSI004- ground welds                                                | 0.00                 |         |        |              |               |               |                  |                |
| <b>*170*</b>                   |                                                                                              |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                                                         | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                                                              |                      |         |        |              |               |               |                  |                |
| 180                            | QC5- Inspect part completeness to step on W/O                                                | 0.00                 |         |        |              |               |               |                  |                |
| <b>*180*</b>                   |                                                                                              |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                                                         | 0.02                 |         |        |              |               |               |                  |                |
| Quality Control                | ***VERIFY C'BOARD IS GOOD***                                                                 |                      |         |        |              |               |               |                  |                |

17.04.05  
①7.DAS  
38  
MAY 08 2017DAS  
38  
9-89  
MAY 08 2017

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|-------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                 |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QSI042) Approval |                                                 |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                       | Completed By                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | Lead hand / Supervisor<br>Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | QC / QA Coordinator<br>Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                       |                                                 |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                       |                                                 |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                       |                                                 |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                       |                                                 |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                                 |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                       |                                                 |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                       |                                                 |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                       |                                                 |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                       |                                                 |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                       |                                                 |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |





DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                            |  |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                            |  |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | <b>MRB (QSI042) Approval</b><br><br>Completed By _____<br><br>Lead hand / Supervisor Approval Verification _____<br><br>QC / QA Coordinator Approval _____ |  |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                                                            |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                            |  |  |

| Root Cause                                  |                                                |                                                 |                                                            | FAULT CATEGORY                                 |                                               |  |  |
|---------------------------------------------|------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|--|--|
| Environment <input type="checkbox"/>        | <input type="checkbox"/> No Re-verification    | <input type="checkbox"/> Pressure/Forced        | <input type="checkbox"/> Temperature/Cure                  | <input type="checkbox"/> Power Loss/Surge      | <input type="checkbox"/> Positioned Wrong     |  |  |
| Design <input type="checkbox"/>             | <input type="checkbox"/> Operator              | <input type="checkbox"/> Bending                | <input type="checkbox"/> Set-up                            | <input type="checkbox"/> Folio/Program         | <input type="checkbox"/> Outside Dimensions   |  |  |
| Doc/Data <input type="checkbox"/>           | <input type="checkbox"/> Offset/Setup          | <input type="checkbox"/> Centre Not Concentric  | <input type="checkbox"/> BOM/Route                         | <input type="checkbox"/> Grain                 | <input type="checkbox"/> Over/Under tolerance |  |  |
| Equip/Tooling <input type="checkbox"/>      | <input type="checkbox"/> Supplier              | <input type="checkbox"/> Cracks                 | <input type="checkbox"/> Broken/Damage/Defect              | <input type="checkbox"/> Weld                  | <input type="checkbox"/> Part Incorrect       |  |  |
| Handling/Pre <input type="checkbox"/>       | <input type="checkbox"/> Training              | <input type="checkbox"/> Crimp/Kink/Ripple/Wave | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled    | <input type="checkbox"/> Part Lost/Missing    |  |  |
| Material <input type="checkbox"/>           | <input type="checkbox"/> Use for Testing       | <input type="checkbox"/> Cuffs                  | <input type="checkbox"/> Contamination                     | <input type="checkbox"/> Out of Sequence       | <input type="checkbox"/> Part Moved           |  |  |
| Internal Transport <input type="checkbox"/> | <input type="checkbox"/> Poor Information      | <input type="checkbox"/> Crushing               | <input type="checkbox"/> Countersink                       | <input type="checkbox"/> Off-set               | <input type="checkbox"/> Drawing              |  |  |
| Tribal Knowledge <input type="checkbox"/>   | <input type="checkbox"/> Rushing               | <input type="checkbox"/> Heat Treat             | <input type="checkbox"/> Cut Too Short                     | <input type="checkbox"/> Mislabeled            | <input type="checkbox"/> Finish               |  |  |
| LOA <input type="checkbox"/>                | <input type="checkbox"/> Product Improvement   | <input type="checkbox"/> Wave/Twist in Tube     | <input type="checkbox"/> Instructions Incomplete/Unclear   | <input type="checkbox"/> Fit/Function          | <input type="checkbox"/> Misread              |  |  |
| Substation <input type="checkbox"/>         | <input type="checkbox"/> Process Improvement   | <input type="checkbox"/> Marks/Chatter          | <input type="checkbox"/> Drill Holes                       | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Turning Sequence     |  |  |
| Past Expiry Date <input type="checkbox"/>   | <input type="checkbox"/> Manufacturing Process | OTHER : _____                                   |                                                            |                                                |                                               |  |  |
| Misidentified <input type="checkbox"/>      | <input type="checkbox"/> Past Due              |                                                 |                                                            |                                                |                                               |  |  |

**Work Order ID 158994**

Tuesday, April 04, 2017 2:38:10 PM

**\*158994\***

Page 8

Item ID: D350-636-012 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Skidtube RH, Std Wearplates, DART (Apical) Cylindrical/Aerazur Float Comp.  
Start Date: 4/5/2017 Start Qty: 1.00 **\*1\*** Cust Item ID:  
Required Date: 4/17/2017 Req'd Qty: 1.00 **\*1\*** Customer:  
Reference: SCHEDULED

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                                                   | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------------------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 230                            | HandFinishing                                                                              | 0.00                 |         |        |              |               |               |                  |                |
| <b>*230*</b>                   | HandFinish                                                                                 | 1.11                 |         |        |              |               |               |                  |                |
| Hand Finishing                 | Memo                                                                                       |                      |         |        |              |               |               |                  |                |
|                                | 1-Install inserts as per dwg D2750                                                         |                      |         |        |              |               |               |                  |                |
|                                | 2-Inspect for Foreign Objects                                                              |                      |         |        |              |               |               |                  |                |
|                                | 3-Install blade fitting D3488-042, wearshoes and ground handling hardware as per dwg D2750 |                      |         |        |              |               |               |                  |                |
|                                | SIKA FLEX 241                                                                              |                      |         |        |              |               |               |                  |                |
|                                | BATCH: <u>M137562</u>                                                                      |                      |         |        |              |               |               |                  |                |
|                                | EXP DATE: <u>21105</u>                                                                     |                      |         |        |              |               |               |                  |                |
|                                | 4-assemble o'ring to plug as per dwg D3492 and apply o'ring lube                           |                      |         |        |              |               |               |                  |                |
|                                | A/R 55-o'ring lube batch: <u>M135477</u>                                                   |                      |         |        |              |               |               |                  |                |
|                                | 5-Coat all exposed fasteners with "LPS Procyon"                                            |                      |         |        |              |               |               |                  |                |
|                                | batch: <u>M133690</u>                                                                      |                      |         |        |              |               |               |                  |                |
| 240                            | QC5- Inspect part completeness to step on W/O                                              | 0.00                 |         |        |              |               |               |                  |                |
| <b>*240*</b>                   | QC                                                                                         | 0.02                 |         |        |              |               |               |                  |                |
| Quality Control                | Memo                                                                                       |                      |         |        |              |               |               |                  |                |

12/05/17

DAS 38 JUN 01 2017

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                                                                                                                                                                                                                                          |  |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"> <div style="text-align: center; padding: 5px;">Completed By</div> <div style="text-align: center; padding: 5px;">Lead hand / Supervisor Approval Verification</div> <div style="text-align: center; padding: 5px;">QC / QA Coordinator Approval</div> </div> |  |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                                                                                                                                                                                                                                                                          |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                                                                                                                                                                                                                                          |  |  |

| Root Cause                                  |                                                |                                                 |                                                            | FAULT CATEGORY                                 |                                               |  |  |
|---------------------------------------------|------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|--|--|
| Environment <input type="checkbox"/>        | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>        | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>     |  |  |
| Design <input type="checkbox"/>             | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>   |  |  |
| Doc/Data <input type="checkbox"/>           | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>  | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/> |  |  |
| Equip/Tooling <input type="checkbox"/>      | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                 | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>       |  |  |
| Handling/Pre <input type="checkbox"/>       | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>    |  |  |
| Material <input type="checkbox"/>           | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                  | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>           |  |  |
| Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>               | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>              |  |  |
| Tribal Knowledge <input type="checkbox"/>   | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>             | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>               |  |  |
| LOA <input type="checkbox"/>                | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>     | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>              |  |  |
| Substation <input type="checkbox"/>         | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>          | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>     |  |  |
| Past Expiry Date <input type="checkbox"/>   | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                   |                                                            |                                                |                                               |  |  |
| Misidentified <input type="checkbox"/>      | Past Due <input type="checkbox"/>              |                                                 |                                                            |                                                |                                               |  |  |



**Work Order ID 158994**

Tuesday, April 04, 2017 2:38:10 PM

**\*158994\***

Page 9

Item ID: D350-636-012

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Skidtube RH, Std Wearplates, DART (Apical) Cylindrical/Aerazur Float Comp.

Start Date: 4/5/2017 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 4/17/2017 Req'd Qty: 1.00

**\*1\***

Customer:

Reference: SCHEDULED

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start

**\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

**\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                            | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|-----------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 250                            | Pick Kit                                            | 0.00                 |         |        |              |               |               |                  |                |
| <b>*250*</b>                   |                                                     |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                                | 0.01                 |         |        |              |               |               |                  |                |
| Packaging                      |                                                     |                      |         |        |              |               |               |                  |                |
| 260                            | QC4- 100% Inspect kits for completeness             | 0.00                 |         |        |              |               |               |                  |                |
| <b>*260*</b>                   |                                                     |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                | 0.03                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                     |                      |         |        |              |               |               |                  |                |
| 270                            | Packaging                                           | 0.00                 |         |        |              |               |               |                  |                |
| <b>*270*</b>                   |                                                     |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                                | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      | Package as per PPP D350-636-012<br>Location : FG072 |                      |         |        |              |               |               |                  |                |

CWB JUNE-5-2017 6 9-89

DAS  
27  
9-89  
JUN 07 2017DAS  
27  
9-89  
JUN 07 2017

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                              |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QSI042) Approval |                                              |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                       | Completed By                                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | Lead hand / Supervisor Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | QC / QA Coordinator Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                       |                                              |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                       |                                              |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                       |                                              |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                       |                                              |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                              |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                       |                                              |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                       |                                              |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                       |                                              |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                       |                                              |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                       |                                              |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |

**Work Order ID 158994**

Tuesday, April 04, 2017 2:38:10 PM

**\*158994\***

Page 10

**Item ID:** D350-636-012**Accept****\*N900040100\*****Setup Start****\*NS1\*****Revision ID:****Stop****\*NS2\*****Item Name:** Skidtube RH, Std Wearplates, DART (Apical) Cylindrical/Aerazur Float Comp.**Start Date:** 4/5/2017 **Start Qty:** 1.00**\*1\*****Cust Item ID:****Required Date:** 4/17/2017 **Req'd Qty:** 1.00**\*1\*****Customer:****Reference:** SCHEDULED**Approvals:** **Process Plan:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Tooling:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Run Start****\*NR1\*****QC:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **SPC (Y/N):** \_\_\_\_\_ **Date:** \_\_\_\_\_**Stop****\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                    | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|---------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 280                            | QC21- Final Inspection - Work Order Release | 0.00                 |         |        |              |               |               |                  |                |
| <b>*280*</b>                   |                                             |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                        | 0.10                 |         |        |              |               |               |                  |                |
| Quality Control                |                                             |                      |         |        |              |               |               |                  |                |

JUN 07 2017



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
|--------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|-----------------------------------|----------------------------------------------|---------------------------------|----------------------------------------|---------------------------------------------|-----------------------------------|---------------------------------------|------------------------------------------------|------------------------------------|--------------------------------|-----------------------------------------------|----------------------------------------|-----------------------------------|---------------------------------|-----------------------------------------------|-------------------------------|-----------------------------------------|---------------------------------------|-----------------------------------|-------------------------------------------------|------------------------------------------------------------|---------------------------------------------|--------------------------------------------|-----------------------------------|------------------------------------------|--------------------------------|----------------------------------------|------------------------------------------|-------------------------------------|---------------------------------------------|-------------------------------------------|-----------------------------------|--------------------------------------|----------------------------------|----------------------------------|-------------------------------------------|----------------------------------|-------------------------------------|----------------------------------------|-------------------------------------|---------------------------------|------------------------------|----------------------------------------------|---------------------------------------------|----------------------------------------------------------|---------------------------------------|----------------------------------|-------------------------------------|----------------------------------------------|----------------------------------------|--------------------------------------|------------------------------------------------|-------------------------------------------|-------------------------------------------|------------------------------------------------|---------|--|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 | MRB (QSI042) Approval             |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                 |                                   | Completed By                                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   | Lead hand / Supervisor Approval Verification |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   | QC / QA Coordinator Approval                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>             | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |

# Picklist Print

Tuesday, April 04, 2017 2:38:09 PM

Page 1

Work Order ID: 158994

**\*158994\***

Parent Item: D350-636-012

**\*D350-636-012\***

Parent Item Name: Skidtube RH, Std Wearplates, DART (Apical) Cylindrical/Aerazur Float Comp.

Start Date: 4/5/2017

Required Date: 4/17/2017

Start Qty: 1.00

Required Qty: 1.00

## Comments:

IPP Rev:102.09.25Rearranged procedure stepsKJ  
IPP Rev:J 06-03-29 As per Rev D EC IPP REV:K  
AS PER REV F JLM 13-08-22 VERIFIED BY:DD  
IPP Rev:K 06-07-13 As per dsi9343 EC  
IPP Rev:L 07-07-28 Added SS Wearplates(Rev E) JLM Verified By:EC  
IPP Rev:M 08-04-22 update steps 4,13 DD verified by:EC  
IPP Rev:N 08-09-23 revF as per dwg DD verified by:ec IPP Rev:O  
10.06.22 revise seq110 DD verf:EC IPP Rev:P 10.10.01 as  
per IIN revH DD verf:EC IPP REV:Q 13.08.27 PER ECN13-  
594 DD VERF:JLM

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty    | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|-----------------|---------------|----------------|--------|
| D2600-3-BENT-RH                 |                        | Manufactured  | No          |                     |                  | 110             | Each               | 5.0000         | 1           | 1               |               |                |        |
| <b>*D2600-3-BENT-RH*</b>        |                        |               |             |                     |                  |                 |                    |                | **          |                 |               |                |        |
| Extrusion Bent RH               |                        |               |             |                     |                  |                 |                    |                |             |                 |               |                |        |
|                                 |                        |               |             | <u>Location</u>     |                  |                 |                    | <u>Loc Qty</u> |             | <u>Loc Code</u> |               |                |        |
|                                 |                        |               |             | LG002               |                  |                 |                    | 5              |             |                 |               |                |        |
|                                 |                        |               |             |                     | 154996           |                 |                    | 5              |             |                 |               |                |        |
| D2744                           |                        | Manufactured  | No          |                     |                  | 110             | Each               | 20.0000        | 1           | 1               |               |                |        |
| <b>*D2744*</b>                  |                        |               |             |                     |                  |                 |                    |                | **          |                 |               |                |        |
| Cap                             |                        |               |             |                     |                  |                 |                    |                |             |                 |               |                |        |
|                                 |                        |               |             | <u>Location</u>     |                  |                 |                    | <u>Loc Qty</u> |             | <u>Loc Code</u> |               |                |        |
|                                 |                        |               |             | LG001               |                  |                 |                    | 20             |             |                 |               |                |        |
|                                 |                        |               |             |                     | 153496           |                 |                    | 10             |             |                 |               |                |        |
|                                 |                        |               |             |                     | 154984           |                 |                    | 10             |             |                 |               |                |        |
| D2739                           |                        | Manufactured  | No          |                     |                  | 160             | Each               | 7.0000         | 1           | 1               |               |                |        |
| <b>*D2739*</b>                  |                        |               |             |                     |                  |                 |                    |                | **          |                 |               |                |        |
| 350 I Beam                      |                        |               |             |                     |                  |                 |                    |                |             |                 |               |                |        |
|                                 |                        |               |             | <u>Location</u>     |                  |                 |                    | <u>Loc Qty</u> |             | <u>Loc Code</u> |               |                |        |
|                                 |                        |               |             | LG                  |                  |                 |                    | 5              |             |                 |               |                |        |
|                                 |                        |               |             |                     | 158263           |                 |                    | 5              |             |                 |               |                |        |
|                                 |                        |               |             | LG002               | 159706           |                 |                    | 2              |             |                 |               |                |        |
|                                 |                        |               |             |                     | 154075           |                 |                    | 2              |             |                 |               |                |        |

BE17-0426  
8158774x1

BE170426  
8159371x1

17-05-03  
DP

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                            |  |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                            |  |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | <b>MRB (QSI042) Approval</b><br><br>Completed By _____<br><br>Lead hand / Supervisor Approval Verification _____<br><br>QC / QA Coordinator Approval _____ |  |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                                                            |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                            |  |  |

| Root Cause                                  |                                                |                                                 | FAULT CATEGORY                                             |                                                |                                               |  |
|---------------------------------------------|------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|--|
| Environment <input type="checkbox"/>        | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>        | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>     |  |
| Design <input type="checkbox"/>             | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>   |  |
| Doc/Data <input type="checkbox"/>           | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>  | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/> |  |
| Equip/Tooling <input type="checkbox"/>      | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                 | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>       |  |
| Handling/Pre <input type="checkbox"/>       | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>    |  |
| Material <input type="checkbox"/>           | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                  | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>           |  |
| Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>               | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>              |  |
| Tribal Knowledge <input type="checkbox"/>   | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>             | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>               |  |
| LOA <input type="checkbox"/>                | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>     | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>              |  |
| Substation <input type="checkbox"/>         | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>          | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>     |  |
| Past Expiry Date <input type="checkbox"/>   | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                   |                                                            |                                                |                                               |  |
| Misidentified <input type="checkbox"/>      | Past Due <input type="checkbox"/>              |                                                 |                                                            |                                                |                                               |  |



# Picklist Print

Tuesday, April 04, 2017 2:38:09 PM

Work Order ID: 158994

**\*158994\***

Parent Item: D350-636-012

**\*D350-636-012\***

Parent Item Name: Skidtube RH, Std Wearplates, DART (Apical) Cylindrical/Aerazur Float Comp.

Start Date: 4/5/2017

Required Date: 4/17/2017

Start Qty: 1.00

Required Qty: 1.00

D2743

Manufactured No

160

Each

143.0000

8

8

**\*D2743\***

Crossbolt Spacer

**\*\***

*BE 17-05-04*  
*3159308 x 8*

Location

Loc Qty

Loc Code

LG001

143

153808

67

155382

76

D3490-3

Manufactured No

160

Each

114.0000

4

4

**\*D3490-3\***

Cross Bolt Spacer

**\*\***

*BE 17-05-04*

Location

Loc Qty

Loc Code

LG001

114

137807

2

140801

1

153842

30

154995

81

D3490-1

Manufactured No

160

Each

119.0000

4

4

**\*D3490-1\***

Cross Bolt Spacer

**\*\***

*BE 17-05-04*

Location

Loc Qty

Loc Code

LG

81

154992

81

LG001

38

134019

4

153841

34

*4*

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |                                                                                          |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                   |                                                                                          |  |
| Date : _____                                                 |  | Step #: _____                                                                                                                                                                      |  | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |                                                                                          |  |
| <b>Description Work Order Deviation</b>                      |  |                                                                                                                                                                                    |  | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |                                                                                                                   |                                                                                          |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |                                                                                          |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   | <b>Completed By</b><br><br><b>Lead hand / Supervisor</b><br><b>Approval Verification</b> |  |

| Root Cause                                  |                                                |                                                 |                                                            | FAULT CATEGORY                                 |                                               |  |  |
|---------------------------------------------|------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|--|--|
| <input type="checkbox"/> Environment        | <input type="checkbox"/> No Re-verification    | <input type="checkbox"/> Pressure/Forced        | <input type="checkbox"/> Temperature/Cure                  | <input type="checkbox"/> Power Loss/Surge      | <input type="checkbox"/> Positioned Wrong     |  |  |
| <input type="checkbox"/> Design             | <input type="checkbox"/> Operator              | <input type="checkbox"/> Bending                | <input type="checkbox"/> Set-up                            | <input type="checkbox"/> Folio/Program         | <input type="checkbox"/> Outside Dimensions   |  |  |
| <input type="checkbox"/> Doc/Data           | <input type="checkbox"/> Offset/Setup          | <input type="checkbox"/> Centre Not Concentric  | <input type="checkbox"/> BOM/Route                         | <input type="checkbox"/> Grain                 | <input type="checkbox"/> Over/Under tolerance |  |  |
| <input type="checkbox"/> Equip/Tooling      | <input type="checkbox"/> Supplier              | <input type="checkbox"/> Cracks                 | <input type="checkbox"/> Broken/Damage/Defect              | <input type="checkbox"/> Weld                  | <input type="checkbox"/> Part Incorrect       |  |  |
| <input type="checkbox"/> Handling/Pre       | <input type="checkbox"/> Training              | <input type="checkbox"/> Crimp/Kink/Ripple/Wave | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled    | <input type="checkbox"/> Part Lost/Missing    |  |  |
| <input type="checkbox"/> Material           | <input type="checkbox"/> Use for Testing       | <input type="checkbox"/> Cuffs                  | <input type="checkbox"/> Contamination                     | <input type="checkbox"/> Out of Sequence       | <input type="checkbox"/> Part Moved           |  |  |
| <input type="checkbox"/> Internal Transport | <input type="checkbox"/> Poor Information      | <input type="checkbox"/> Crushing               | <input type="checkbox"/> Countersink                       | <input type="checkbox"/> Off-set               | <input type="checkbox"/> Drawing              |  |  |
| <input type="checkbox"/> Tribal Knowledge   | <input type="checkbox"/> Rushing               | <input type="checkbox"/> Heat Treat             | <input type="checkbox"/> Cut Too Short                     | <input type="checkbox"/> Mislabeled            | <input type="checkbox"/> Finish               |  |  |
| <input type="checkbox"/> LOA                | <input type="checkbox"/> Product Improvement   | <input type="checkbox"/> Wave/Twist in Tube     | <input type="checkbox"/> Instructions Incomplete/Unclear   | <input type="checkbox"/> Fit/Function          | <input type="checkbox"/> Misread              |  |  |
| <input type="checkbox"/> Substation         | <input type="checkbox"/> Process Improvement   | <input type="checkbox"/> Marks/Chatter          | <input type="checkbox"/> Drill Holes                       | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Turning Sequence     |  |  |
| <input type="checkbox"/> Past Expiry Date   | <input type="checkbox"/> Manufacturing Process | OTHER : _____                                   |                                                            |                                                |                                               |  |  |
| <input type="checkbox"/> Misidentified      | <input type="checkbox"/> Past Due              |                                                 |                                                            |                                                |                                               |  |  |

# Picklist Print

Page 3

Tuesday, April 04, 2017 2:38:09 PM

Work Order ID: 158994

**\*158994\***

Parent Item: D350-636-012

**\*D350-636-012\***

Parent Item Name: Skidtube RH, Std Wearplates, DART (Apical) Cylindrical/Aerazur Float Comp.

Start Date: 4/5/2017

Required Date: 4/17/2017

Start Qty: 1.00

Required Qty: 1.00

D3631-1      Manufactured      No      230      Each      51.0000      8      8

**\*D3631-1\***

Washer

**\*\***

*lll 12/05/30*

Location

Loc Qty

Loc Code

FP001

51

*B159137*

*x8*

147068

7

153587

6

154434

38

D3791-1      Manufactured      No      230      Each      8.0000      1      1

**\*D3791-1\***

Wearpad

**\*\***

*lll 12/05/30*

Location

Loc Qty

Loc Code

FP002

8

*B159361*

*x1*

154375

4

154985

4

D3793-3      Manufactured      No      230      Each      7.0000      1      1

**\*D3793-3\***

Wearplate Aft

**\*\***

*lll 12/05/30*

Location

Loc Qty

Loc Code

FP002

7

*B158530*

*x1*

154507

7

Tuesday, April 04, 2017 2:38:09 PM

Shop Packet Print

Page 3



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |  |
|--------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|-----------------------------------|----------------------------------------------|---------------------------------|----------------------------------------|---------------------------------------------|-----------------------------------|---------------------------------------|------------------------------------------------|------------------------------------|--------------------------------|-----------------------------------------------|----------------------------------------|-----------------------------------|---------------------------------|-----------------------------------------------|-------------------------------|-----------------------------------------|---------------------------------------|-----------------------------------|-------------------------------------------------|------------------------------------------------------------|---------------------------------------------|--------------------------------------------|-----------------------------------|------------------------------------------|--------------------------------|----------------------------------------|------------------------------------------|-------------------------------------|---------------------------------------------|-------------------------------------------|-----------------------------------|--------------------------------------|----------------------------------|----------------------------------|-------------------------------------------|----------------------------------|-------------------------------------|----------------------------------------|-------------------------------------|---------------------------------|------------------------------|----------------------------------------------|---------------------------------------------|----------------------------------------------------------|---------------------------------------|----------------------------------|-------------------------------------|----------------------------------------------|----------------------------------------|--------------------------------------|------------------------------------------------|-------------------------------------------|-------------------------------------------|------------------------------------------------|---------------|--|--|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 | MRB (QSI042) Approval             |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                 |                                   | Completed By                                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   | Lead hand / Supervisor Approval Verification |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   | QC / QA Coordinator Approval                 |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |  |
| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>             | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : _____ |  |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                 |                                   |                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |               |  |  |  |  |

# Picklist Print

Tuesday, April 04, 2017 2:38:09 PM

Page 4

Work Order ID: 158994

**\*158994\***

Parent Item: D350-636-012

**\*D350-636-012\***

Parent Item Name: Skidtube RH, Std Wearplates, DART (Apical) Cylindrical/Aerazur Float Comp.

Start Date: 4/5/2017

Required Date: 4/17/2017

Start Qty: 1.00

Required Qty: 1.00

MS21043-6 Purchased No 230 Each 40.0000 4 4  
**\*MS21043-6\*** \*\* all 17/05/30  
NUT

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| FG       | 20      |          |
| 103693   | 20      | M137361  |
| FP001    | 7       |          |
| m135470  | 2       |          |
| m136295  | 5       |          |
| ST302    | 13      |          |
| m136648  | 13      |          |

D3794-1 Manufactured No 230 Each 9.0000 1 1  
**\*D3794-1\*** \*\* all 17/05/30  
Gasket Fwd

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| FP001    | 9       |          |
| 142770   | 1       | B159016  |
| 150417   | 2       |          |
| 155815   | 6       |          |

NAS1611-010 Purchased No 230 Each 141.0000 8 8  
**\*NAS1611-010\*** \*\* all 17/05/30  
O-RING

| Location   | Loc Qty | Loc Code |
|------------|---------|----------|
| FP001      | 137     |          |
| m134955    | 7       |          |
| m135603    | 8       |          |
| m136182    | 21      |          |
| m136295    | 1       |          |
| m136836    | 100     |          |
| Return2017 | 4       | M137333  |
| m136182    | 4       |          |

Tuesday, April 04, 2017 2:38:09 PM

Shop Packet Print

Page 4

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                 |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | MRB (QSI042) Approval                           |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Completed By                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Lead hand / Supervisor<br>Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | QC / QA Coordinator<br>Approval                 |  |
| <b>Root Cause</b><br><div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                 |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                 |  |



# Picklist Print

Tuesday, April 04, 2017 2:38:09 PM

Page 5

Work Order ID: 158994

**\*158994\***

Parent Item: D350-636-012

**\*D350-636-012\***

Parent Item Name: Skidtube RH, Std Wearplates, DART (Apical) Cylindrical/Aerazur Float Comp.

Start Date: 4/5/2017

Required Date: 4/17/2017

Start Qty: 1.00

Required Qty: 1.00

D2741

Manufactured No

250

Each

43.0000

1

1

**\*D2741\***

Replacement Blade

**\*\***

JUN 07 2017

DAS  
6  
9-89

DAS  
27  
9-89

Location

Loc Qty

Loc Code

|        |    |  |
|--------|----|--|
| FG     | 10 |  |
| 131616 | 10 |  |
| ST538  | 33 |  |
| 132981 | 14 |  |
| 154665 | 19 |  |

158915

NAS1515H3L

Purchased No

230

Each

95.0000

4

4

**\*NAS1515H3I \***

Washer

**\*\***

17/05/30

Location

Loc Qty

Loc Code

|         |    |  |
|---------|----|--|
| FG      | 40 |  |
| 102472  | 40 |  |
| FP001   | 51 |  |
| m127831 | 20 |  |
| m134508 | 3  |  |
| m135600 | 2  |  |
| m136263 | 26 |  |
| ST266   | 4  |  |
| m130726 | 4  |  |

M137361

x1

NAS1611-013

Purchased No

230

Each

66.0000

8

8

**\*NAS1611-013\***

O-Ring

**\*\***

17/05/30

Location

Loc Qty

Loc Code

|         |    |  |
|---------|----|--|
| FP001   | 66 |  |
| m134676 | 30 |  |
| m136295 | 36 |  |

M137379

x8

Tuesday, April 04, 2017 2:38:09 PM

Shop Packet Print

Page 5

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div>             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div>             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Misabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div>             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                              |  |

# Picklist Print

Tuesday, April 04, 2017 2:38:09 PM

Page 6

Work Order ID: 158994

**\*158994\***

Parent Item: D350-636-012

**\*D350-636-012\***

Parent Item Name: Skidtube RH, Std Wearplates, DART (Apical) Cylindrical/Aerazur Float Comp.

Start Date: 4/5/2017

Required Date: 4/17/2017

Start Qty: 1.00

Required Qty: 1.00

AN3C6A

Purchased

No

230

Each

139.0000

4

4

**\*AN3C6A\***

Bolt

**\*\***

*all 12/05/30*

Location

Loc Qty

Loc Code

FG

10

122416

10

FP001

16

m135704

12

m136295

4

OVER002

93

m135442

8

m136781

85

ST350

20

m128704

18

m132767

2

*X-1*

NAS1149C0832R

Purchased

No

230

Each

86.0000

1

1

**\*NAS1149C0832R\***

Washer

**\*\***

*all 12/05/30*

Location

Loc Qty

Loc Code

FP001

82

m125807

2

m135536

80

Return2017

4

m135536

4

*X 1*



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coor. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Completed By                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Lead hand / Supervisor<br>Approval Verification                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | QC / QA Coordinator<br>Approval                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |

# Picklist Print

Tuesday, April 04, 2017 2:38:09 PM

Page 7

Work Order ID: 158994

**\*158994\***

Parent Item: D350-636-012

**\*D350-636-012\***

Parent Item Name: Skidtube RH, Std Wearplates, DART (Apical) Cylindrical/Aerazur Float Comp.

Start Date: 4/5/2017

Required Date: 4/17/2017

Start Qty: 1.00

Required Qty: 1.00

D3536-25

Manufactured No

230

Each

23.0000

1

1

**\*D3536-25\***

Gasket Center

**\*\***

*all 17/05/17*

Location

Loc Qty

Loc Code

FG

6

87053

2

95328

4

FP001

17

146747

2

154979

15

230

Each

13.0000

1

1

D3794-3

Manufactured No

**\*D3794-3\***

Gasket Aft

**\*\***

*all 17/05/17*

Location

Loc Qty

Loc Code

FP001

13

156348

7

158562

6

*XL*

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |



# Picklist Print

Tuesday, April 04, 2017 2:38:09 PM

Page 8

Work Order ID: 158994

**\*158994\***

Parent Item: D350-636-012

**\*D350-636-012\***

Parent Item Name: Skidtube RH, Std Wearplates, DART (Apical) Cylindrical/Aerazur Float Comp.

Start Date: 4/5/2017

Required Date: 4/17/2017

Start Qty: 1.00

Required Qty: 1.00

AN3C5A

Purchased

No

230

Each

727.0000

34

34

**\*AN3C5A\***

Bolt

**\*\***

all 12/05/31

Location

Loc Qty

Loc Code

FG

5

122800

5

FP001

60

M137075

60

OVER002

500

M136182

100

M136450

200

M136579

100

M137164

100

ST350

162

M134676

1

M135442

161

X20

X14

D3537-1

Manufactured

No

230

Each

111.0000

3

3

**\*D3537-1\***

Wearpad

**\*\***

all 12/05/31

Location

Loc Qty

Loc Code

FG

11

79833

1

88562

10

FP001

100

141922

7

147593

5

154226

1

154990

38

154991

19

158441

30

B159353

X3

Tuesday, April 04, 2017 2:38:09 PM

Shop Packet Print

Page 8

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                              |  |
| <b>Root Cause</b><br><div style="display: flex;"> <div style="flex: 1;">             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="flex: 1;">             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div style="flex: 1;">             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Misabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                              |  |

# Picklist Print

Tuesday, April 04, 2017 2:38:09 PM

Page 9

Work Order ID: 158994

**\*158994\***

Parent Item: D350-636-012

**\*D350-636-012\***

Parent Item Name: Skidtube RH, Std Wearplates, DART (Apical) Cylindrical/Aerazur Float Comp.

Start Date: 4/5/2017

Required Date: 4/17/2017

Start Qty: 1.00

Required Qty: 1.00

D3535-25

Manufactured No

230

Each

11.0000

1

1

**\*D3535-25\***

Wearplate Center

**\*\***

*del 17/05/131*

Location

Loc Qty

Loc Code

FG

4

139987

1

*B159879*

*xl*

148669

1

95077

2

FP002

7

154529

1

154983

6

230

Each

32.0000

8

8

D3492-3

Manufactured No

**\*D3492-3\***

Plug

**\*\***

*del 17/05/131*

Location

Loc Qty

Loc Code

FP001

32

142869

3

153792

13

154987

16

*B158379*

*xc*



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                              |                                                                                                                   |                                              |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |                              |                                                                                                                   |                                              |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                              | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |                                              |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |                              |                                                                                                                   |                                              |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                              |                                                                                                                   |                                              |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                              |                                                                                                                   | Completed By                                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                              |                                                                                                                   | Lead hand / Supervisor Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               | QC / QA Coordinator Approval |                                                                                                                   |                                              |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                              |                                                                                                                   |                                              |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                              |                                                                                                                   |                                              |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                              |                                                                                                                   |                                              |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |                              |                                                                                                                   |                                              |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |                              |                                                                                                                   |                                              |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |                              |                                                                                                                   |                                              |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |                              |                                                                                                                   |                                              |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |                              |                                                                                                                   |                                              |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |                              |                                                                                                                   |                                              |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |                              |                                                                                                                   |                                              |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |                              |                                                                                                                   |                                              |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |                              |                                                                                                                   |                                              |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |                              |                                                                                                                   |                                              |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                              |                                                                                                                   |                                              |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |                              |                                                                                                                   |                                              |  |

# Picklist Print

Tuesday, April 04, 2017 2:38:09 PM

Page 10

Work Order ID: 158994

**\*158994\***

Parent Item: D350-636-012

**\*D350-636-012\***

Parent Item Name: Skidtube RH, Std Wearplates, DART (Apical) Cylindrical/Aerazur Float Comp.

Start Date: 4/5/2017

Required Date: 4/17/2017

Start Qty: 1.00

Required Qty: 1.00

NAS1149C0332R

Purchased

No

230

Each

3,260.000

38

38

**\*NAS1149C0332R\***

WASHER

**\*\***

*12/06/13*

Location

Loc Qty

Loc Code

FP001

500

*M137381*

*138*

m135766

454

m136741

46

GA

532

m133284

32

m136444

500

ST260a

2200

m135408

0

m135908

200

m136643

1000

m137178

1000

ST266

28

m135466

28

D3488-042

Manufactured

No

230

Each

5.0000

1

1

**\*D3488-042\***

Blade Fitting RH

**\*\***

*17/05/13*

Location

Loc Qty

Loc Code

FP001

5

*8158787*

154373

5

*vc*

Tuesday, April 04, 2017 2:38:09 PM

Shop Packet Print

Page 10

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                                              |                                                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                                              |                                                 |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 100px; width: 100%;"></div> |                                                 |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                                              |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                                              | Completed By                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                                              | Lead hand / Supervisor<br>Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                                              | QC / QA Coordinator<br>Approval                 |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                                              |                                                 |  |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> | <b>OTHER :</b> _____ |                                                                                                              |                                                 |  |



# Picklist Print

Page 11

Tuesday, April 04, 2017 2:38:09 PM

Work Order ID: 158994

**\*158994\***

Parent Item: D350-636-012

**\*D350-636-012\***

Parent Item Name: Skidtube RH, Std Wearplates, DART (Apical) Cylindrical/Aerazur Float Comp.

Start Date: 4/5/2017

Required Date: 4/17/2017

Start Qty: 1.00

Required Qty: 1.00

ALS4-1032-225 AELS8-1032-225 Purchased No

230 Each 3,898.000 38 38

**\*ALS4-1032-225\***

**\*\***

*all 15/03/17*

Rivnut

| Location | Loc Qty | Loc Code   |
|----------|---------|------------|
| CCK007   | 500     |            |
| M136579  | 500     |            |
| FG       | 30      |            |
| M134975  | 20      |            |
| M135998  | 10      |            |
| FP001    | 3368    |            |
| M135603  | 40      |            |
| M135920  | 38      |            |
| M135998  | 3279    | <i>x38</i> |
| M136265  | 11      |            |

D3492-1 Manufactured No

230 Each 54.0000 8 8

**\*D3492-1\***

**\*\***

*all 17/05/17*

Plug

| Location | Loc Qty | Loc Code        |
|----------|---------|-----------------|
| FP001    | 54      |                 |
| 150701   | 6       | <i>13157916</i> |
| 154989   | 5       | <i>13158359</i> |
| 155623   | 43      |                 |

D3793-1 Manufactured No

230 Each 11.0000 1 1

**\*D3793-1\***

**\*\***

*all 17/05/17*

Wearplate Fwd

| Location | Loc Qty | Loc Code  |
|----------|---------|-----------|
| FP002    | 11      |           |
| 150194   | 1       |           |
| 154508   | 8       | <i>x1</i> |
| 154982   | 2       |           |

Tuesday, April 04, 2017 2:38:10 PM

Shop Packet Print

Page 11

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |  |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                   |  |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |  |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | Completed By                                                                                                      |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | Lead hand / Supervisor<br>Approval Verification                                                                   |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | QC / QA Coordinator<br>Approval                                                                                   |  |  |

| Root Cause                                  |                                                |                                                 |                                                            | FAULT CATEGORY                                 |                                               |  |  |
|---------------------------------------------|------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|--|--|
| Environment <input type="checkbox"/>        | <input type="checkbox"/> No Re-verification    | <input type="checkbox"/> Pressure/Forced        | <input type="checkbox"/> Temperature/Cure                  | <input type="checkbox"/> Power Loss/Surge      | <input type="checkbox"/> Positioned Wrong     |  |  |
| Design <input type="checkbox"/>             | <input type="checkbox"/> Operator              | <input type="checkbox"/> Bending                | <input type="checkbox"/> Set-up                            | <input type="checkbox"/> Folio/Program         | <input type="checkbox"/> Outside Dimensions   |  |  |
| Doc/Data <input type="checkbox"/>           | <input type="checkbox"/> Offset/Setup          | <input type="checkbox"/> Centre Not Concentric  | <input type="checkbox"/> BOM/Route                         | <input type="checkbox"/> Grain                 | <input type="checkbox"/> Over/Under tolerance |  |  |
| Equip/Tooling <input type="checkbox"/>      | <input type="checkbox"/> Supplier              | <input type="checkbox"/> Cracks                 | <input type="checkbox"/> Broken/Damage/Defect              | <input type="checkbox"/> Weld                  | <input type="checkbox"/> Part Incorrect       |  |  |
| Handling/Pre <input type="checkbox"/>       | <input type="checkbox"/> Training              | <input type="checkbox"/> Crimp/Kink/Ripple/Wave | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled    | <input type="checkbox"/> Part Lost/Missing    |  |  |
| Material <input type="checkbox"/>           | <input type="checkbox"/> Use for Testing       | <input type="checkbox"/> Cuffs                  | <input type="checkbox"/> Contamination                     | <input type="checkbox"/> Out of Sequence       | <input type="checkbox"/> Part Moved           |  |  |
| Internal Transport <input type="checkbox"/> | <input type="checkbox"/> Poor Information      | <input type="checkbox"/> Crushing               | <input type="checkbox"/> Countersink                       | <input type="checkbox"/> Off-set               | <input type="checkbox"/> Drawing              |  |  |
| Tribal Knowledge <input type="checkbox"/>   | <input type="checkbox"/> Rushing               | <input type="checkbox"/> Heat Treat             | <input type="checkbox"/> Cut Too Short                     | <input type="checkbox"/> Mislabeled            | <input type="checkbox"/> Finish               |  |  |
| LOA <input type="checkbox"/>                | <input type="checkbox"/> Product Improvement   | <input type="checkbox"/> Wave/Twist in Tube     | <input type="checkbox"/> Instructions Incomplete/Unclear   | <input type="checkbox"/> Fit/Function          | <input type="checkbox"/> Misread              |  |  |
| Substation <input type="checkbox"/>         | <input type="checkbox"/> Process Improvement   | <input type="checkbox"/> Marks/Chatter          | <input type="checkbox"/> Drill Holes                       | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Turning Sequence     |  |  |
| Past Expiry Date <input type="checkbox"/>   | <input type="checkbox"/> Manufacturing Process | OTHER : _____                                   |                                                            |                                                |                                               |  |  |
| Misidentified <input type="checkbox"/>      | <input type="checkbox"/> Past Due              |                                                 |                                                            |                                                |                                               |  |  |

# Picklist Print

Page 12

Tuesday, April 04, 2017 2:38:10 PM

Work Order ID: 158994

**\*158994\***

Parent Item: D350-636-012

**\*D350-636-012\***

Parent Item Name: Skidtube RH, Std Wearplates, DART (Apical) Cylindrical/Aerazur Float Comp.

Start Date: 4/5/2017

Required Date: 4/17/2017

Start Qty: 1.00

Required Qty: 1.00

AN8C35A

Purchased

No

230

Each

148.0000

1

1

**\*AN8C35A\***

Bolt

\*\*

*Handwritten: 17/05/17*

Location

Loc Qty

Loc Code

FG

3

121275

3

FP001

145

m133336

1

m134130

1

m134133

14

m137055

17

m137203

112

*Handwritten: 1157918*

MS21083C8

Purchased

No

230

Each

42.0000

1

1

**\*MS21083C8\***

Nut

\*\*

*Handwritten: 17/05/17*

Location

Loc Qty

Loc Code

FP001

1

m136295

1

Return2017

2

m136442

2

ST297

39

m135470

1

m136648

18

m137164

20

*Handwritten: 11*

D2745

Manufactured

No

230

Each

66.0000

8

8

**\*D2745\***

Bushing

\*\*

*Handwritten: 17/05/17*

Location

Loc Qty

Loc Code

FP001

66

154821

66

*Handwritten: 1159297*

*Handwritten: 11*

Tuesday, April 04, 2017 2:38:10 PM

Shop Packet Print

Page 12



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |

# Picklist Print

Tuesday, April 04, 2017 2:38:10 PM

Work Order ID: 158994

**\*158994\***

Parent Item: D350-636-012

**\*D350-636-012\***

Parent Item Name: Skidtube RH, Std Wearplates, DART (Apical) Cylindrical/Aerazur Float Comp.

Start Date: 4/5/2017

Required Date: 4/17/2017

Start Qty: 1.00

Required Qty: 1.00

AN6C44A

Purchased

No

230

Each

472.0000

4

4

**\*AN6C44A\***

Bolt

\*\*

*17105130*

Location

Loc Qty

Loc Code

FP001

170

m132556

170

*x4*

over009

250

m137055

250

ST333

52

m136658

52

D3532-1

Manufactured

No

250

Each

15.0000

2

*2*

*JUN 05 2017*

**\*D3532-1\***

Spacer

\*\*

*3157312*

*CWB*

*DAS 6 9-89*

*DAS 27 9-89*

Location

Loc Qty

Loc Code

ST038

15

153825

5

154372

10

MS21083C8

Purchased

No

250

Each

42.0000

2

*2*

**\*MS21083C8\***

Nut

\*\*

*M137361*

*CWB*

*DAS 6 9-89*

*DAS 27 9-89*

Location

Loc Qty

Loc Code

FP001

1

m136295

1

Return2017

2

m136442

2

ST297

39

m135470

1

m136648

18

m137164

20

*JUN 05 2017*

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin: 10px;"></div> <b>Completed By</b><br><br><div style="border: 1px solid black; height: 100px; margin: 10px;"></div> <b>Lead hand / Supervisor Approval Verification</b><br><br><div style="border: 1px solid black; height: 100px; margin: 10px;"></div> <b>QC / QA Coordinator Approval</b> |  |  |
| <b>Description Work Order Deviation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> |  | <div style="display: flex; justify-content: space-between;"> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |                                                                                                                                                                                                                                                                                                                                                                                             |  |  |



# Picklist Print

Tuesday, April 04, 2017 2:38:10 PM

Work Order ID: 158994

**\*158994\***

Parent Item: D350-636-012

**\*D350-636-012\***

Parent Item Name: Skidtube RH, Std Wearplates, DART (Apical) Cylindrical/Aerazur Float Comp.

Start Date: 4/5/2017

Required Date: 4/17/2017

Start Qty: 1.00

Required Qty: 1.00

NAS1149D0863J

Purchased

No

250

Each

322.0000

2

(2)

**\*NAS1149D0863.J\***

Washer

\*\*

CWB

JUN 05 2017

DAS

6

9-89

DAS  
27  
9-89

Location

Loc Qty

Loc Code

FP001

46

125484

46

ST260a

100

125635

100

ST263

176

125268

176

2

D3493-1

Manufactured

No

250

Each

50.0000

2

2

**\*D3493-1\***

Washer

\*\*

CWB

JUN 05 2017

DAS

6

9-89

DAS  
27  
9-89

Location

Loc Qty

Loc Code

FG

10

97201

10

ST037

40

154986

40

2

AN8C21A

Purchased

No

250

Each

372.0000

2

2

**\*AN8C21A\***

Bolt

\*\*

CWB

JUN 05 2017

DAS

6

9-89

DAS  
27  
9-89

Location

Loc Qty

Loc Code

FG

4

123966

2

m132169

2

over004

337

m137162

337

ST332

31

m136262

1

m137005

30

2

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| Date : _____                                                 |  | Step #: _____                                                                                                                                                                      |  | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 100px; margin: 5px;"></div> <b>Completed By</b><br><br><div style="border: 1px solid black; height: 100px; margin: 5px;"></div> <b>Lead hand / Supervisor Approval Verification</b><br><br><div style="border: 1px solid black; height: 100px; margin: 5px;"></div> <b>QC / QA Coordinator Approval</b> |  |  |
| <b>Description Work Order Deviation</b>                      |  |                                                                                                                                                                                    |  | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                                                                                                                                                                                                                                                          |  |  |

| Root Cause                                  |                                                |                                                 |                                                            | FAULT CATEGORY                                 |                                               |  |  |
|---------------------------------------------|------------------------------------------------|-------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|--|--|
| Environment <input type="checkbox"/>        | <input type="checkbox"/> No Re-verification    | <input type="checkbox"/> Pressure/Forced        | <input type="checkbox"/> Temperature/Cure                  | <input type="checkbox"/> Power Loss/Surge      | <input type="checkbox"/> Positioned Wrong     |  |  |
| Design <input type="checkbox"/>             | <input type="checkbox"/> Operator              | <input type="checkbox"/> Bending                | <input type="checkbox"/> Set-up                            | <input type="checkbox"/> Folio/Program         | <input type="checkbox"/> Outside Dimensions   |  |  |
| Doc/Data <input type="checkbox"/>           | <input type="checkbox"/> Offset/Setup          | <input type="checkbox"/> Centre Not Concentric  | <input type="checkbox"/> BOM/Route                         | <input type="checkbox"/> Grain                 | <input type="checkbox"/> Over/Under tolerance |  |  |
| Equip/Tooling <input type="checkbox"/>      | <input type="checkbox"/> Supplier              | <input type="checkbox"/> Cracks                 | <input type="checkbox"/> Broken/Damage/Defect              | <input type="checkbox"/> Weld                  | <input type="checkbox"/> Part Incorrect       |  |  |
| Handling/Pre <input type="checkbox"/>       | <input type="checkbox"/> Training              | <input type="checkbox"/> Crimp/Kink/Ripple/Wave | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled    | <input type="checkbox"/> Part Lost/Missing    |  |  |
| Material <input type="checkbox"/>           | <input type="checkbox"/> Use for Testing       | <input type="checkbox"/> Cuffs                  | <input type="checkbox"/> Contamination                     | <input type="checkbox"/> Out of Sequence       | <input type="checkbox"/> Part Moved           |  |  |
| Internal Transport <input type="checkbox"/> | <input type="checkbox"/> Poor Information      | <input type="checkbox"/> Crushing               | <input type="checkbox"/> Countersink                       | <input type="checkbox"/> Off-set               | <input type="checkbox"/> Drawing              |  |  |
| Tribal Knowledge <input type="checkbox"/>   | <input type="checkbox"/> Rushing               | <input type="checkbox"/> Heat Treat             | <input type="checkbox"/> Cut Too Short                     | <input type="checkbox"/> Mislabeled            | <input type="checkbox"/> Finish               |  |  |
| LOA <input type="checkbox"/>                | <input type="checkbox"/> Product Improvement   | <input type="checkbox"/> Wave/Twist in Tube     | <input type="checkbox"/> Instructions Incomplete/Unclear   | <input type="checkbox"/> Fit/Function          | <input type="checkbox"/> Misread              |  |  |
| Substation <input type="checkbox"/>         | <input type="checkbox"/> Process Improvement   | <input type="checkbox"/> Marks/Chatter          | <input type="checkbox"/> Drill Holes                       | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Turning Sequence     |  |  |
| Past Expiry Date <input type="checkbox"/>   | <input type="checkbox"/> Manufacturing Process | OTHER : _____                                   |                                                            |                                                |                                               |  |  |
| Misidentified <input type="checkbox"/>      | <input type="checkbox"/> Past Due              |                                                 |                                                            |                                                |                                               |  |  |

| QTY<br>-041 | QTY<br>-042 | QTY<br>-043 | QTY<br>-044 | PART NUMBER   | DESCRIPTION                                                |
|-------------|-------------|-------------|-------------|---------------|------------------------------------------------------------|
| X           |             |             |             | D2750-041     | 350 SKIDTUBE ASSEMBLY, LH                                  |
|             | X           |             |             | D2750-042     | 350 SKIDTUBE ASSEMBLY, RH                                  |
|             |             | X           |             | D2750-043     | 350 SKIDTUBE ASSEMBLY, LH                                  |
|             |             |             | X           | D2750-044     | 350 SKIDTUBE ASSEMBLY, RH                                  |
| 1           | 1           | 1           | 1           | D2739         | WEB                                                        |
| 8           | 8           | 8           | 8           | D2743         | SPACER                                                     |
| 1           | 1           | 1           | 1           | D2744         | CAP                                                        |
| 8           | 8           | 8           | 8           | D2745         | BUSHING                                                    |
| 1           |             |             |             | D2750-1       | SKIDTUBE WELDMENT, LH                                      |
|             | 1           |             |             | D2750-2       | SKIDTUBE WELDMENT, RH                                      |
|             |             | 1           |             | D2750-3       | SKIDTUBE WELDMENT, LH                                      |
|             |             |             | 1           | D2750-4       | SKIDTUBE WELDMENT, RH                                      |
| 1           |             | 1           |             | D3488-041     | BLADE FITTING, LH                                          |
|             | 1           |             | 1           | D3488-042     | BLADE FITTING, RH                                          |
| 4           | 4           | 4           | 4           | D3490-1       | SPACER                                                     |
| 4           | 4           |             |             | D3490-3       | SPACER                                                     |
|             |             | 4           | 4           | D3490-5       | SPACER                                                     |
| 8           | 8           | 8           | 8           | D3492-041     | PLUG ASSEMBLY                                              |
| 8           | 8           |             |             | D3492-043     | PLUG ASSEMBLY                                              |
|             |             | 8           | 8           | D3492-045     | PLUG ASSEMBLY                                              |
| 1           | 1           | 1           | 1           | D3535-25      | WEARSHOE                                                   |
| 1           | 1           | 1           | 1           | D3536-25      | GASKET                                                     |
| 3           | 3           | 3           | 3           | D3537-1       | WEARPAD                                                    |
| 8           | 8           | 8           | 8           | D3631-1       | WASHER                                                     |
| 1           | 1           | 1           | 1           | D3791-1       | WEARPLATE                                                  |
| 1           | 1           | 1           | 1           | D3793-1       | WEARSHOE                                                   |
| 1           | 1           | 1           | 1           | D3793-3       | WEARSHOE                                                   |
| 1           | 1           | 1           | 1           | D3794-1       | GASKET                                                     |
| 1           | 1           | 1           | 1           | D3794-3       | GASKET                                                     |
| 38          | 38          | 38          | 38          | ALS4-1032-225 | INSERT (OR ALS7-1032-225,<br>AKS4-1032-225, AELS-1032-225) |
| 34          | 34          | 34          | 34          | AN3C5A        | BOLT                                                       |
| 4           | 4           | 4           | 4           | AN3C6A        | BOLT                                                       |
| 4           | 4           | 4           | 4           | AN6C44A       | BOLT                                                       |
| 1           | 1           | 1           | 1           | AN8C35A       | BOLT                                                       |
| 38          | 38          | 38          | 38          | AN960C10L     | WASHER                                                     |
| 1           | 1           | 1           | 1           | AN960C816L    | WASHER                                                     |
| 4           | 4           | 4           | 4           | MS21043-6     | NUT                                                        |
| 1           | 1           | 1           | 1           | MS21083C8     | NUT                                                        |
| 4           | 4           | 4           | 4           | NAS1515H3L    | WASHER                                                     |

# **GENERAL NOTES:**

- MATERIAL: MAKE D2750-1/-2/-3/-4 FROM D2600-3 EXTRUSION (INITIAL LENGTH = 120.0).
- FINISH: ACID ETCH, ALODINE ASSEMBLY PER DART QSI 005 4.1 PRIOR TO INSTALLING D2739 WEB.  
STANDARD: PRIME (REF. 4.2.1.3.3) AND PAINT WHITE PER DART QSI 005 4.2  
OPTIONAL: POWDER COAT WHITE (REF. 4.3.5.1) PER DART QSI 005 4.3  
BLACK ANTI-SKID PAINT AS INDICATED TO 1.0 ABOVE SKIDTUBE CENTER-LINE PER DART 005 4.4 (OPTIONAL).
- TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- UNITS: INCHES UNLESS OTHERWISE NOTED
- BREAK SHARP EDGES: N/A
- IDENTIFICATION: N/A
- WEIGHT: D2750-041/-042/-043/-044 = 26.5 LBS
- WELD PER DART QSI 004
- INSTALL ALS4-1032-225 INSERTS AFTER FINISH AS INDICATED. DRILL 'F' SIZE HOLES (Ø0.297) FOR WEARSHOE INSERTS
- FINAL CONFIGURATION SHOULD HAVE THE FOLLOWING MINIMUM MECHANICAL PROPERTIES:  
MINIMUM YIELD TENSILE STRENGTH = 35 KSI  
MINIMUM ULTIMATE TENSILE STRENGTH = 38 KSI
- COAT ALL EXPOSED FASTENERS WITH LPS LABORATORIES "LPS PROCYON" AFTER FINAL ASSEMBLY, CLEAN EXCESS OFF  
FINISH WITH MEK DEGREASER.
- SPACER AND PLUG INSTALLED SAME AS SECTION AJ-AJ EXCEPT HORIZONTAL
- SPACER AND PLUG INSTALLED SAME AS SECTION AP-AP EXCEPT HORIZONTAL

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 158994 MJS  
1704-05

RELEASED  
2013-08-13  
W

|            |                                                                                                                                                                                                                                                                                                                                                                                      |    |          |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| G          | CORRECTED TOLERANCE ON Ø0.500 THRU HOLE: B8-0.010/0.000, WAS +0.100/-0.000 (ZN B3-4, B2-5); ADD VIEW TO CONTROL FWD BEND ORIENTATION (ZN D-1-4/-5/-6/-7); UPDATED FINISH OPTIONS: INSIDE OF TUBE NO LONGER SPRAYED WITH LPS-3; REASON: PART13-276 AND NCR13-2757                                                                                                                     | MB | 13.07.11 |
| F          | INCORPORATE DSI 9413; QTY (3) D3537-1 WAS QTY (5) (ZN C8-1); D3791-1/-3 REPLACES D3535-13/-35 (ZN C8-1); D3794-1/-3 REPLACES D3536-13/-35 (ZN B8-1); ADD D3791-1 (ZN C8-1); WEARSHOE HOLES UNDER FWD/AFT SADDLE REMOVED (8 PL); WEARSHOE HARDWARE QTY UPDATED (ZN B8-1); D3488-041/-042 HARDWARE UPDATED (ZN C1-8, 9, 10, 11); ADD NOTE 12 AND 13 (ZN AG-1); REASON: REF. NCR 08-043 | PH | 08.07.16 |
| E          | CHANGE TO STAINLESS STEEL WEARPLATES; ADD RUBBER GASKETS; CHANGE INSERTS; ADD D3631-1; REMOVE QTY (38) NAS1515H3L; REMOVE QTY (10) NAS1515H8L; REMOVE D2741; QTY (2) AN960C816; REMOVE QTY (2) MS21083C8                                                                                                                                                                             | CB | 07.05.17 |
| D          | ADD HOLES AND SPACERS FOR APICAL FLOATS; INCORPORATE DEO 9133/9157                                                                                                                                                                                                                                                                                                                   | PH | 06.01.05 |
| C          | ADD D2750-3/D2750-4; INCORPORATE D2738 AND D2740                                                                                                                                                                                                                                                                                                                                     | CP | 98.11.18 |
| B          | CHANGE MS24694-S283 TO AN8-16A                                                                                                                                                                                                                                                                                                                                                       | CP | 98.09.01 |
| A          | NEW ISSUE                                                                                                                                                                                                                                                                                                                                                                            | DS | 98.04.16 |
| REV.       | DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                          | BY | DATE     |
| DESIGN     | MM                                                                                                                                                                                                                                                                                                                                                                                   |    |          |
| DRAWN      |                                                                                                                                                                                                                                                                                                                                                                                      |    |          |
| CHECKED    |                                                                                                                                                                                                                                                                                                                                                                                      |    |          |
| MFG. APPR. |                                                                                                                                                                                                                                                                                                                                                                                      |    |          |
| APPROVED   |                                                                                                                                                                                                                                                                                                                                                                                      |    |          |
| DE APPR.   |                                                                                                                                                                                                                                                                                                                                                                                      |    |          |
| DATE       | 13.07.11                                                                                                                                                                                                                                                                                                                                                                             |    |          |

**DART AEROSPACE USA, INC.**

KENT, WA

DRAWING NO.

D2750

REV. G

SHEET 1 OF 11

TITLE

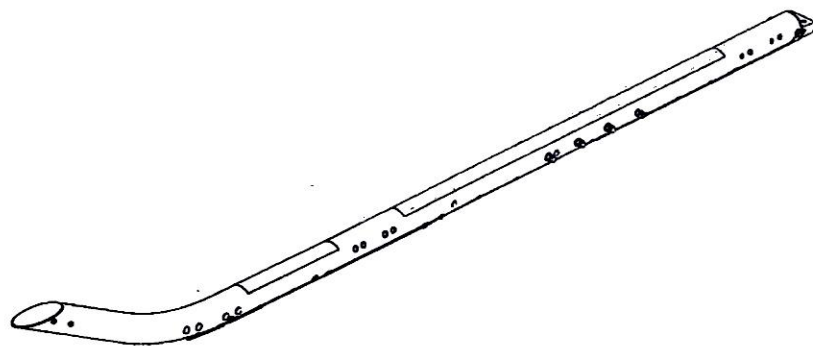
350 SKIDTUBE ASSEMBLY

SCALE

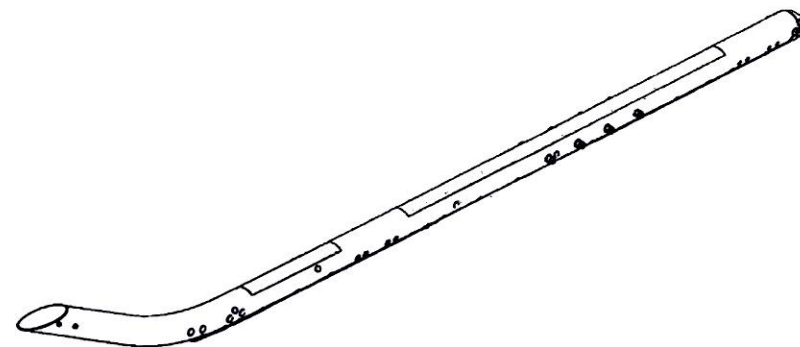
NTS

COPYRIGHT © 1998 BY DART AEROSPACE USA, INC.  
THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMMERCIAL OR CONSUMER PURPOSE WITHOUT THE WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.





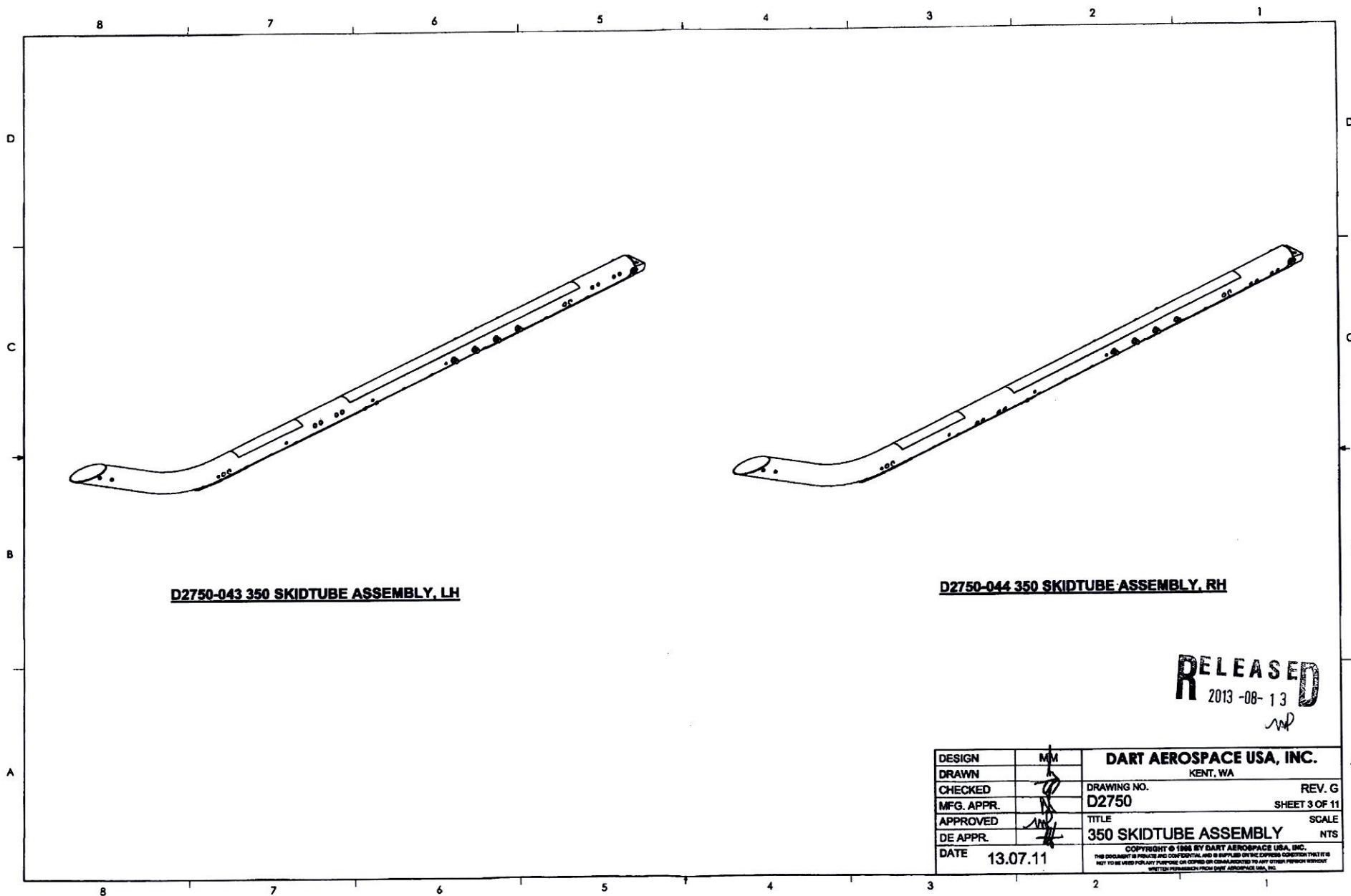
**D2750-041 350 SKIDTUBE ASSEMBLY, LH**



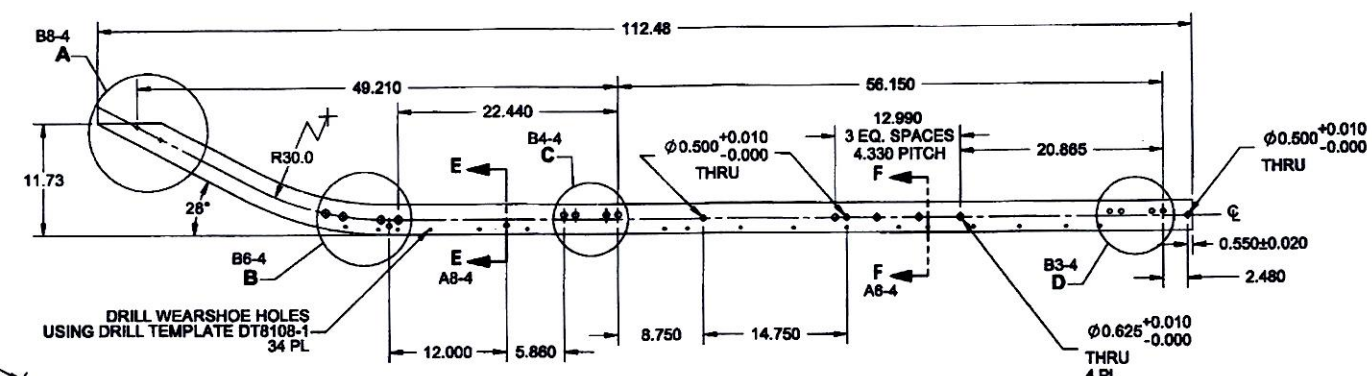
**D2750-042 350 SKIDTUBE ASSEMBLY, RH**

**RELEASED**  
2013-08-13  
MD

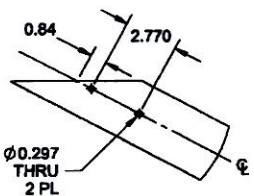
|            |                 |                                                                                                                                                                                                                                                                                                             |               |
|------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| DESIGN     | MM              | <b>DART AEROSPACE USA, INC.</b>                                                                                                                                                                                                                                                                             |               |
| DRAWN      |                 | KENT, WA                                                                                                                                                                                                                                                                                                    |               |
| CHECKED    |                 | DRAWING NO.                                                                                                                                                                                                                                                                                                 | REV. G        |
| MFG. APPR. |                 | <b>D2750</b>                                                                                                                                                                                                                                                                                                | SHEET 2 OF 11 |
| APPROVED   |                 | TITLE                                                                                                                                                                                                                                                                                                       | SCALE         |
| DE APPR.   |                 | <b>350 SKIDTUBE ASSEMBLY</b>                                                                                                                                                                                                                                                                                | NTS           |
| DATE       | <b>13.07.11</b> | <small>COPYRIGHT © 1999 BY DART AEROSPACE USA, INC.<br/>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS<br/>NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT<br/>WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.</small> |               |



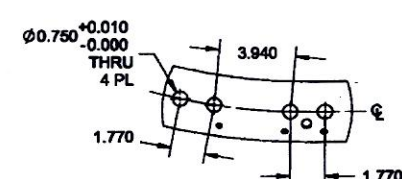
8 7 6 5 4 3 2 1



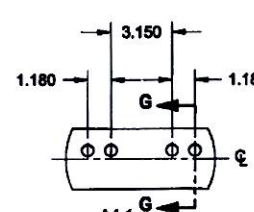
**D2750-1 LH SKIDTUBE**



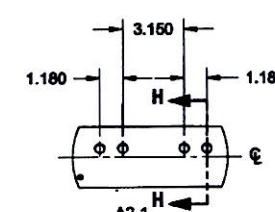
**DETAIL A**  
SCALE 2X



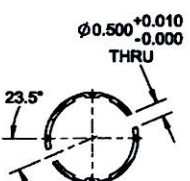
**DETAIL B**  
SCALE 2X



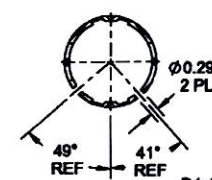
**DETAIL C**  
SCALE 2X



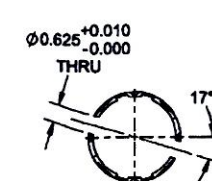
**DETAIL D**  
SCALE 2X



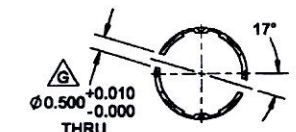
**SECTION E-E**  
SCALE 3X, 2 PL



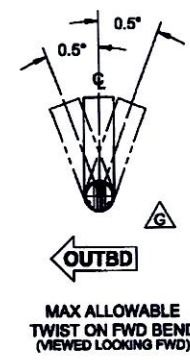
**SECTION F-F**  
SCALE 3X, 17 PL



**SECTION G-G**  
SCALE 3X, 4 PL



**SECTION H-H**  
SCALE 3X, 4 PL

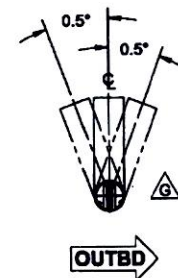
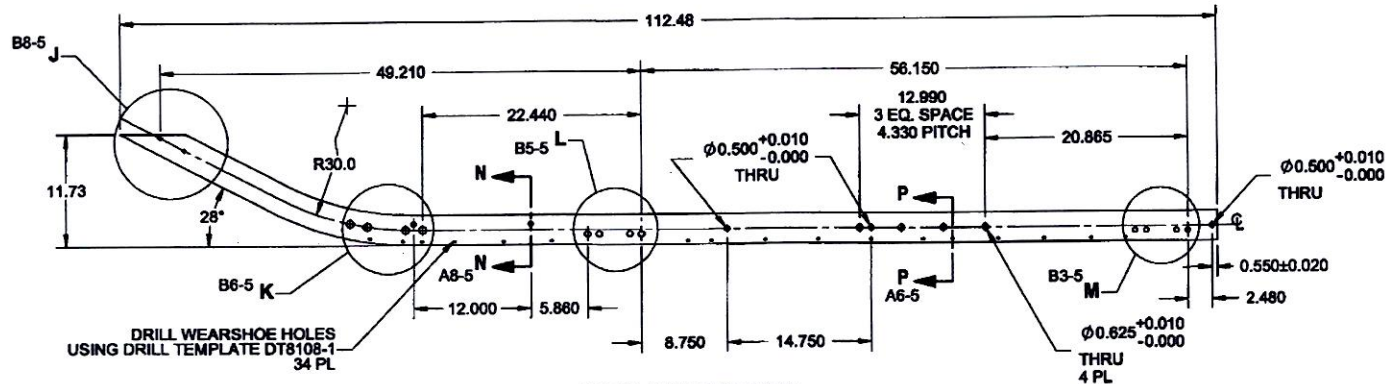


**RELEASED**  
2013-08-13

|            |          |                                 |               |
|------------|----------|---------------------------------|---------------|
| DESIGN     | MM       | <b>DART AEROSPACE USA, INC.</b> |               |
| DRAWN      |          | KENT, WA                        |               |
| CHECKED    |          | DRAWING NO. <b>D2750</b>        | REV. G        |
| MFG. APPR. |          | TITLE                           | SHEET 4 OF 11 |
| APPROVED   |          | SCALE                           |               |
| DE APPR.   |          | 350 SKIDTUBE ASSEMBLY           |               |
| DATE       | 13.07.11 | NTS                             |               |

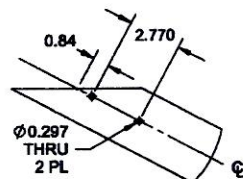
8 7 6 5 4 3 2 1



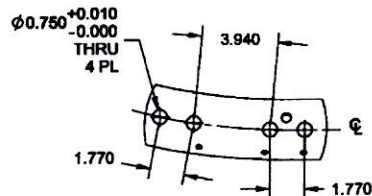


MAX ALLOWABLE  
TWIST ON FWD BEND  
(VIEWED LOOKING FWD)

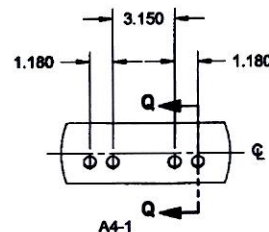
### D2750-2 RH SKIDTUBE



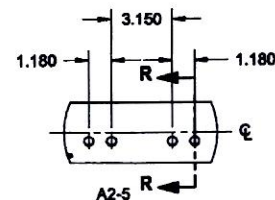
D8-5  
**DETAIL J**  
SCALE 2X



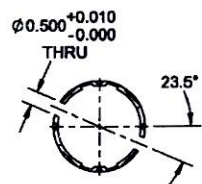
C7-5  
**DETAIL K**  
SCALE 2X



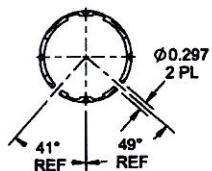
D6-5  
**DETAIL L**  
SCALE 2X



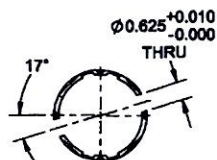
C3-5  
**DETAIL M**  
SCALE 2X



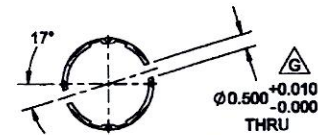
C6-5  
**SECTION N-N**  
SCALE 3X, 2 PL



C4-5  
**SECTION P-P**  
SCALE 3X, 17 PL



B5-5  
**SECTION Q-Q**  
SCALE 3X, 4 PL



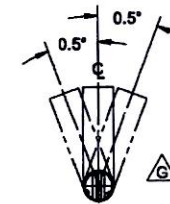
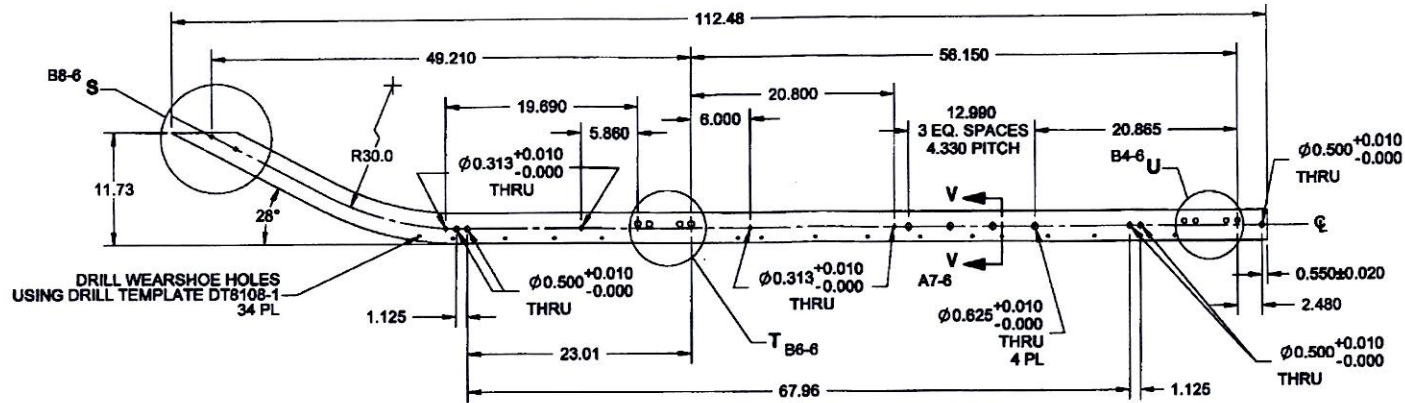
B3-5  
**SECTION R-R**  
SCALE 3X, 4 PL

**RELEASED**  
2013-08-13

|            |          |                                 |        |
|------------|----------|---------------------------------|--------|
| DESIGN     | MM       | <b>DART AEROSPACE USA, INC.</b> |        |
| DRAWN      |          | KENT, WA                        |        |
| CHECKED    |          | DRAWING NO. <b>D2750</b>        | REV. G |
| MFG. APPR. |          | SHEET 5 OF 11                   |        |
| APPROVED   |          | TITLE                           | SCALE  |
| DE APPR.   |          | <b>350 SKIDTUBE ASSEMBLY</b>    |        |
| DATE       | 13.07.11 | NTS                             |        |

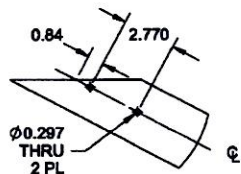
COPYRIGHT © 1988 BY DART AEROSPACE USA, INC.  
THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS  
NOT TO BE USED FOR ANY PURPOSE OR COPIED OR REPRODUCED IN ANY MANNER WITHOUT  
SECTION PERMISSION FROM DART AEROSPACE USA, INC.

8 7 6 5 4 3 2 1

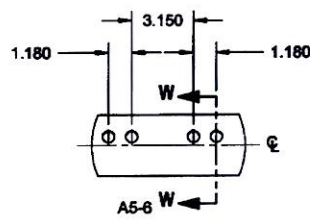


MAX ALLOWABLE  
TWIST ON FWD BEND  
(VIEWED LOOKING FWD)

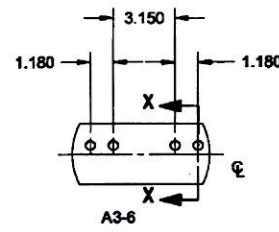
# **D2750-3 LH SKIDTUBE**



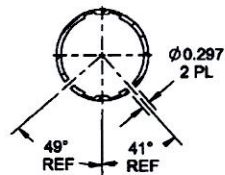
**DETAIL S**  
SCALE 2X



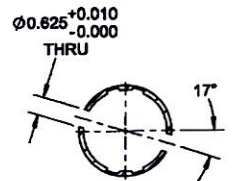
**DETAIL T**  
SCALE 2X



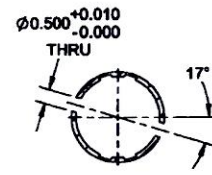
**DETAIL U**  
SCALE 2X



**SECTION V-V**  
SCALE 3X, 17 PL



**SECTION W-W**  
SCALE 3X, 4 PL



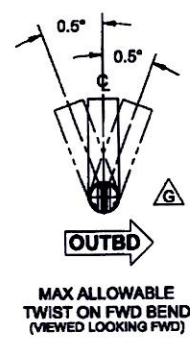
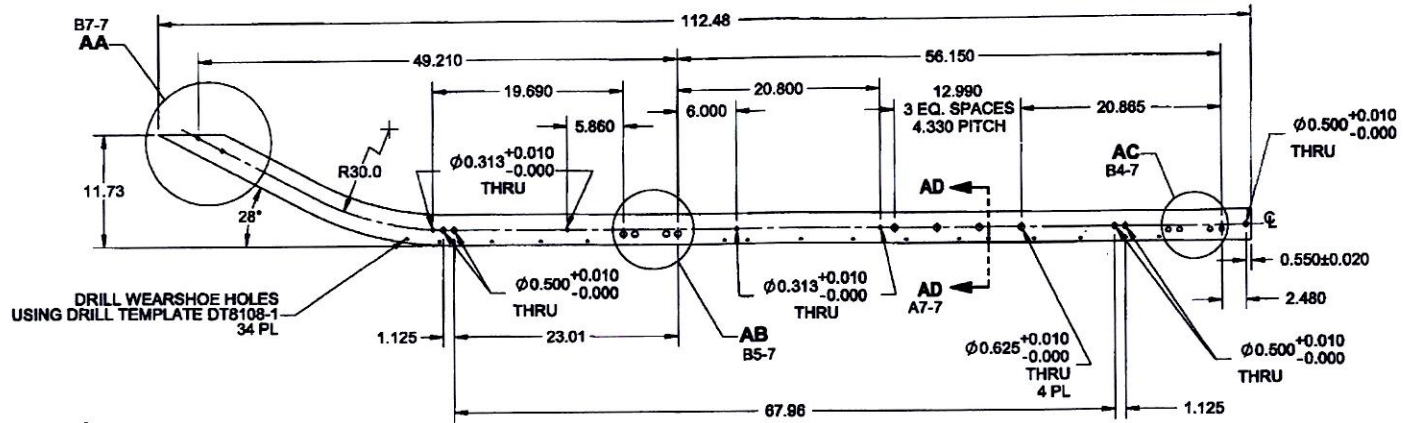
**SECTION X-X**  
SCALE 3X, 4 PL

**RELEASED**  
2013-08-13

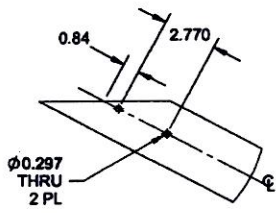
|            |                 |                                                                                                                                                                                                                                                                                                     |        |
|------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| DESIGN     | MM              | <b>DART AEROSPACE USA, INC.</b>                                                                                                                                                                                                                                                                     |        |
| DRAWN      |                 | KENT, WA                                                                                                                                                                                                                                                                                            |        |
| CHECKED    |                 | DRAWING NO. <b>D2750</b>                                                                                                                                                                                                                                                                            | REV. G |
| MFG. APPR. |                 | SHEET 8 OF 11                                                                                                                                                                                                                                                                                       |        |
| APPROVED   |                 | TITLE                                                                                                                                                                                                                                                                                               | SCALE  |
| DE APPR.   |                 | <b>350 SKIDTUBE ASSEMBLY</b>                                                                                                                                                                                                                                                                        | NTS    |
| DATE       | <b>13.07.11</b> | <small>COPYRIGHT © 1998 BY DART AEROSPACE USA, INC.<br/>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL. IT IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS<br/>NOT TO BE USED FOR ANY PURPOSE OR COPIED OR REPRODUCED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.</small> |        |

8 7 6 5 4 3 2 1

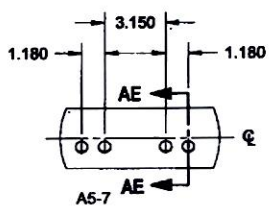
8 7 6 5 4 3 2 1



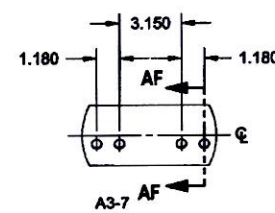
**D2750-4 RH SKIDTUBE**



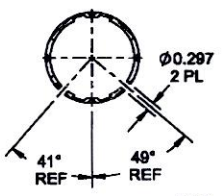
**DETAIL AA**  
D7-7  
SCALE 2X



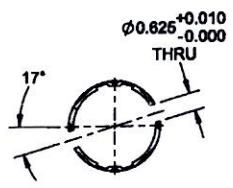
**DETAIL AB**  
C4-7  
SCALE 2X



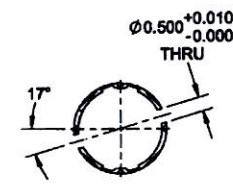
**DETAIL AC**  
D3-7  
SCALE 2X



**SECTION AD-AD**  
D3-7  
SCALE 3X, 17 PL



**SECTION AE-AE**  
B6-7  
SCALE 3X, 4 PL



**SECTION AF-AF**  
B4-7  
SCALE 3X, 4 PL

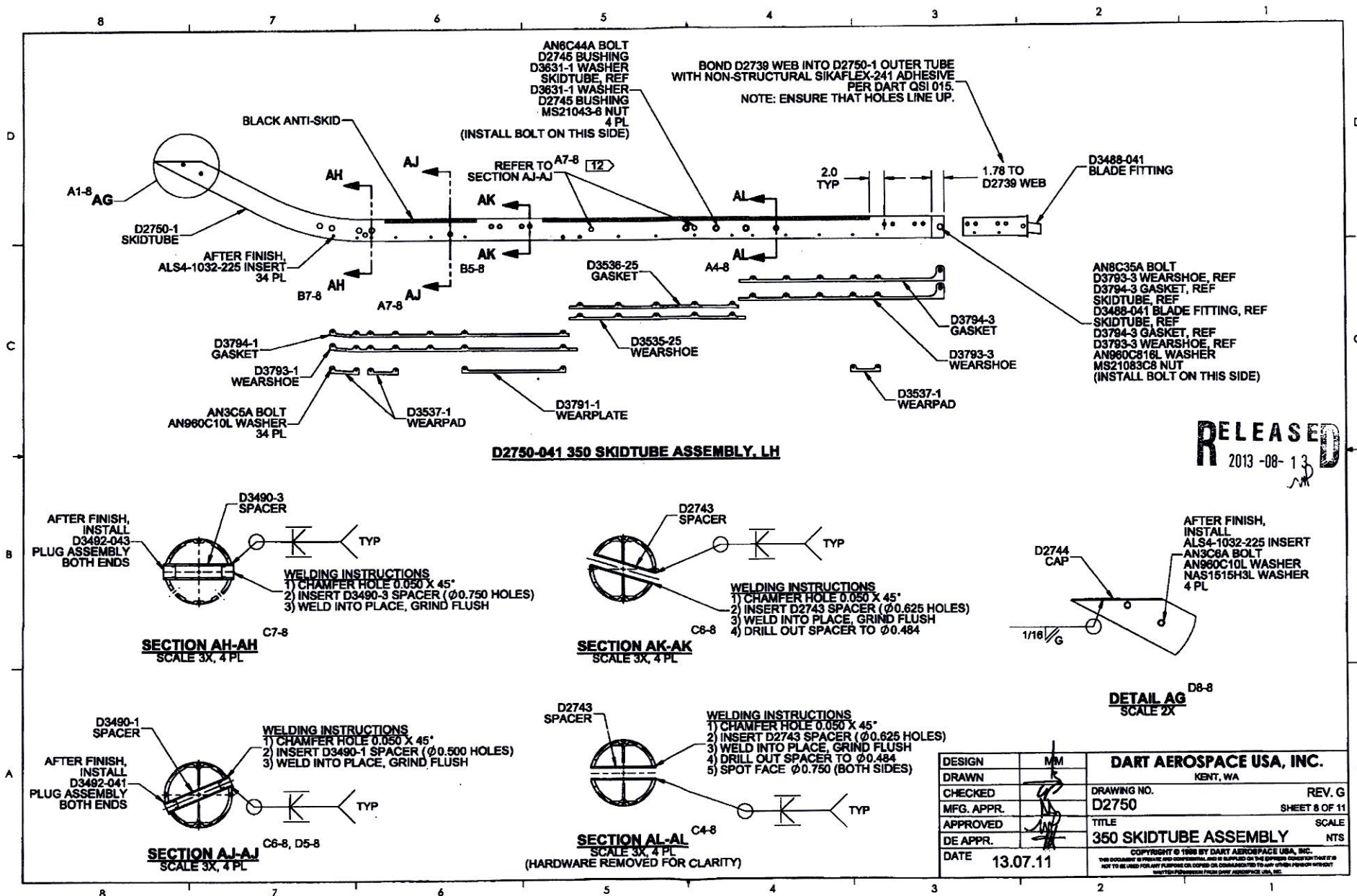
**RELEASED**  
2013-08-13

|            |          |                                 |        |
|------------|----------|---------------------------------|--------|
| DESIGN     | MM       | <b>DART AEROSPACE USA, INC.</b> |        |
| DRAWN      |          | KENT, WA                        |        |
| CHECKED    |          | DRAWING NO. <b>D2750</b>        | REV. G |
| MFG. APPR. |          | SHEET 7 OF 11                   |        |
| APPROVED   |          | TITLE                           | SCALE  |
| DE APPR.   |          | <b>350 SKIDTUBE ASSEMBLY</b>    |        |
| DATE       | 13.07.11 | NTS                             |        |

COPYRIGHT © 1988 BY DART AEROSPACE USA, INC.  
THIS DOCUMENT IS PROPRIETARY AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE USA, INC.

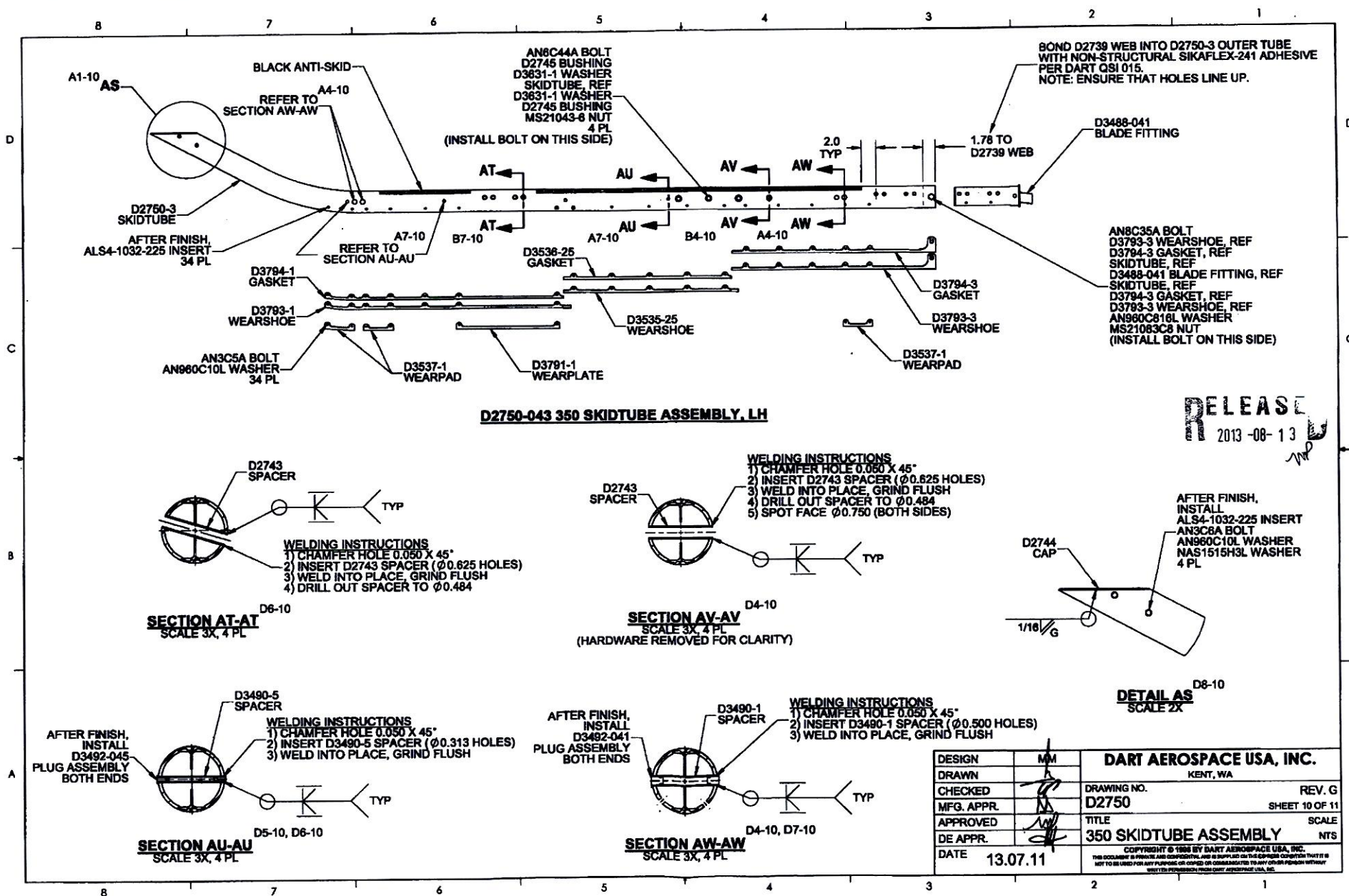
8 7 6 5 4 3 2 1



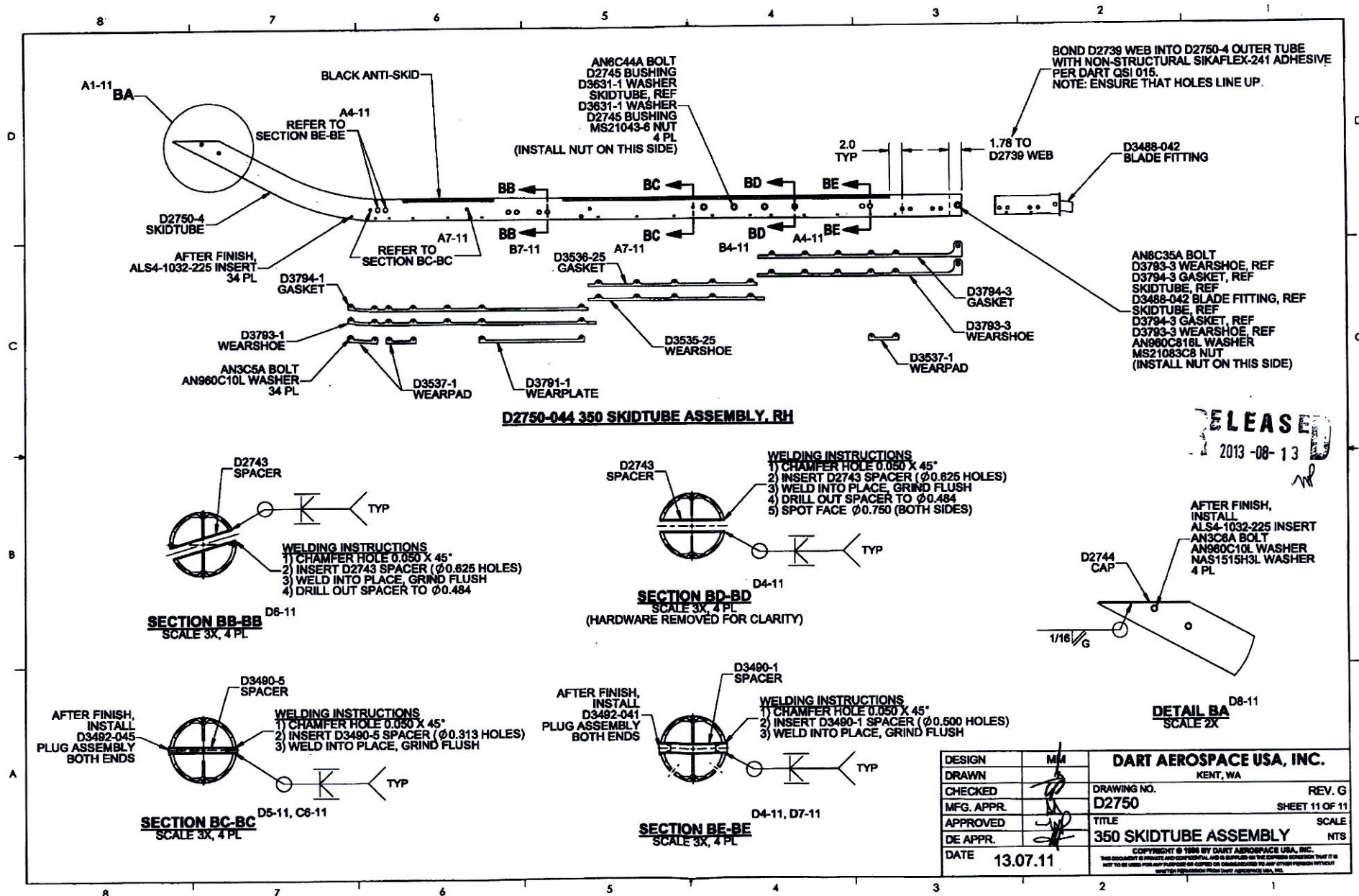












D3492-XX PLUG  
(SEE TABLE)

NAS1611 O-RING  
(SEE TABLE)

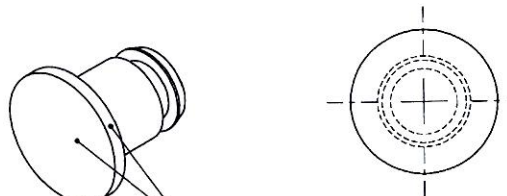
### D3492-XXX PLUG PARTS LIST

| QTY<br>-041 | QTY<br>-043 | QTY<br>-045 | QTY<br>-047 | QTY<br>-049 | QTY<br>-051 | QTY<br>-053 | QTY<br>-055 | PART NUMBER | DESCRIPTION   |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|---------------|
| X           |             |             |             |             |             |             |             | D3492-041   | PLUG ASSEMBLY |
|             | X           |             |             |             |             |             |             | D3492-043   | PLUG ASSEMBLY |
|             |             | X           |             |             |             |             |             | D3492-045   | PLUG ASSEMBLY |
|             |             |             | X           |             |             |             |             | D3492-047   | PLUG ASSEMBLY |
|             |             |             |             | X           |             |             |             | D3492-049   | PLUG ASSEMBLY |
|             |             |             |             |             | X           |             |             | D3492-051   | PLUG ASSEMBLY |
|             |             |             |             |             |             | X           |             | D3492-053   | PLUG ASSEMBLY |
|             |             |             |             |             |             |             | X           | D3492-055   | PLUG ASSEMBLY |
| 1           |             |             |             |             |             |             |             | D3492-1     | PLUG          |
|             | 1           |             |             |             |             |             |             | D3492-3     | PLUG          |
|             |             | 1           |             |             |             |             |             | D3492-5     | PLUG          |
|             |             |             | 1           |             |             |             |             | D3492-7     | PLUG          |
|             |             |             |             | 1           |             |             |             | D3492-9     | PLUG          |
|             |             |             |             |             | 1           |             |             | D3492-11    | PLUG          |
|             |             |             |             |             |             | 1           |             | D3492-13    | PLUG          |
|             |             |             |             |             |             |             | 1           | D3492-15    | PLUG          |
|             |             | 1           |             |             |             |             |             | NAS1611-005 | O-RING        |
|             |             |             | 1           |             |             |             |             | NAS1611-007 | O-RING        |
| 1           |             |             |             |             |             |             |             | NAS1611-010 | O-RING        |
|             |             |             |             |             |             | 1           |             | NAS1611-012 | O-RING        |
|             | 1           |             |             |             |             |             |             | NAS1611-013 | O-RING        |
|             |             |             |             |             | 1           |             | 1           | NAS1611-015 | O-RING        |
|             |             |             |             | 1           |             |             |             | NAS1611-016 | O-RING        |

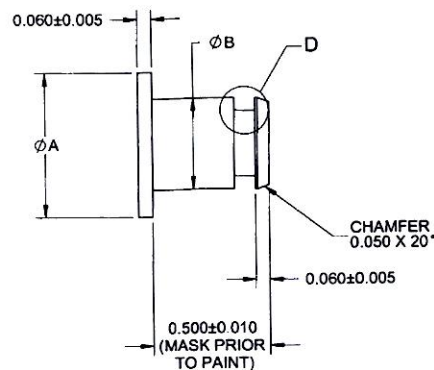
NOTES:  
1) O-RING: POSSIBLE SUPPLIER P/N: NAS1611-XXX OR PARKER 2-XXX

RELEASED  
2013-11-13

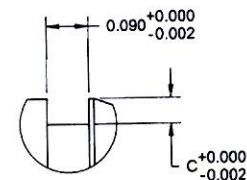
|            |                                                                           |                                                                                                                                                                                                                                                               |              |
|------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| E          | ADD -055 PLUG ASSY & -15 PLUG                                             | AP                                                                                                                                                                                                                                                            | 13.08.08     |
| D          | INCORPORATED DEO D3492-C-1. SHT 2 DIM C FOR -1 WAS 0.055. (SEE CAR11-048) | AJS                                                                                                                                                                                                                                                           | 11.05.24     |
| C          | ADD -049/-051/-053. CHANGE DRAWING FORMAT                                 | PH                                                                                                                                                                                                                                                            | 07.10.05     |
| B          | ADD -047: UPDATE DIM A FOR -045                                           | PH                                                                                                                                                                                                                                                            | 06.05.11     |
| A          | NEW ISSUE                                                                 | PH                                                                                                                                                                                                                                                            | 06.01.04     |
| REV.       | DESCRIPTION                                                               | BY                                                                                                                                                                                                                                                            | DATE         |
| DESIGN     | PH                                                                        | DART AEROSPACE LTD                                                                                                                                                                                                                                            |              |
| DRAWN      | AP                                                                        | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                   |              |
| CHECKED    | ALS                                                                       | DRAWING NO.                                                                                                                                                                                                                                                   | REV. E       |
| MFG. APPR. | DS                                                                        | D3492                                                                                                                                                                                                                                                         | SHEET 1 OF 2 |
| APPROVED   | DS                                                                        | TITLE                                                                                                                                                                                                                                                         | SCALE        |
| DE APPR.   | DS                                                                        | PLUG                                                                                                                                                                                                                                                          | NTS          |
| DATE       | 13.08.08                                                                  | COPYRIGHT © 2007 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD |              |



POWDER COAT THESE  
FACES ONLY PER NOTE 2



**D3492-XX PLUG**



**DETAIL D**

**D3492-XX PLUG MACHINING DETAILS**

| P/N      | A     | B     | C     | MATERIAL SPEC |
|----------|-------|-------|-------|---------------|
| D3492-1  | 0.625 | 0.394 | 0.050 | M6061T6R0.625 |
| D3492-3  | 0.750 | 0.582 | 0.045 | M6061T6R0.750 |
| D3492-5  | 0.375 | 0.188 | 0.045 | M6061T6R0.375 |
| D3492-7  | 0.500 | 0.270 | 0.045 | M6061T6R0.500 |
| D3492-9  | 0.938 | 0.750 | 0.045 | M6061T6R1.000 |
| D3492-11 | 0.850 | 0.664 | 0.045 | M6061T6R0.875 |
| D3492-13 | 0.750 | 0.510 | 0.045 | M6061T6R0.750 |
| D3492-15 | 0.850 | 0.640 | 0.050 | M6061T6R0.875 |

△E

**NOTES:**

- 1) MATERIAL: ALUMINUM 5052-H32 OR 6061-T6 OR 1100-0 PER QQ-A-225/7 (5052) OR QQ-A-225/8 (6061) OR QQ-A-200/8 (6061) OR QQ-A-225/1 (1100) (REF. DART MATERIAL SPEC M6061T6R0.000)
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
POWDER COAT WHITE GLOSS (4.3.5.1) PER DART QSI 005 4.3
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: N/A

RELEASED  
2013-11-13

|                                                                                                                                                                                                                                |          |                                        |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------|--------------|
| DESIGN                                                                                                                                                                                                                         | PH       | <b>DART AEROSPACE LTD</b>              |              |
| DRAWN                                                                                                                                                                                                                          | AP       | HAWKESSBURY, ONTARIO, CANADA           |              |
| CHECKED                                                                                                                                                                                                                        | ALS      | DRAWING NO.                            | REV. E       |
| MFG. APPR.                                                                                                                                                                                                                     | DS       | D3492                                  | SHEET 2 OF 2 |
| APPROVED                                                                                                                                                                                                                       | 10       | TITLE                                  | SCALE        |
| DE APPR.                                                                                                                                                                                                                       | 10       | PLUG                                   | 4:1          |
| DATE                                                                                                                                                                                                                           | 13.08.08 | COPYRIGHT © 2007 BY DART AEROSPACE LTD |              |
| THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD. |          |                                        |              |





Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

# PURCHASE ORDER

Purchase Order ID PO36299

Purchase Order Date 5/12/2017

PO Print Date 5/16/2017

Page Number 1 of 2

Order From :

A.T.G. INDUSTRIES INC.  
731 INDUSTRIELLE ROAD  
ROCKLAND, ON K4K 1T2  
CANADA

VC-ATG001

Ship To : DART AEROSPACE LTD  
1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

E-MAILED  
5/16/2017

Contact Name

Vendor Phone 613-446-4544

Ship To Contact

Ship To Phone

Ship Via: VENDOR'S TRUCK

Ship Acct:

Buyer

Chantal Lavoie

Customer POID

Customer Tax # 10127-2607

Terms

Net 30

Currency

CAD

FOB

FCA - (Free Carrier)

| Line Nbr                                                                                             | Reference Vendor Part Number | Description/ Mfg ID   | Req Date/ Taxable            | CD | Req Qty/ Unit of Measure | PO Unit Price | Extended Price |
|------------------------------------------------------------------------------------------------------|------------------------------|-----------------------|------------------------------|----|--------------------------|---------------|----------------|
|                                                                                                      |                              |                       | Promise Date                 |    |                          |               |                |
| 1                                                                                                    | 158994                       | D350-636-012 SKIDTUBE | 5/18/2017<br>No<br>5/18/2017 |    | 1.00                     | \$250.00      | \$250.00       |
| PRIME AS PER DWG PRIMER DESOTO 515X349 SUPPLY BY DART<br>PAINT AS PER DWG WHITE IMROM SUPPLY BY DART |                              |                       |                              |    |                          |               |                |
| Line Total:                                                                                          |                              |                       |                              |    |                          |               | \$250.00       |
| 2                                                                                                    | 158955                       | D350-636-011 SKIDTUBE | 5/18/2017<br>No<br>5/18/2017 |    | 1.00                     | \$250.00      | \$250.00       |
| PRIME AS PER DWG PRIMER DESOTO 515X349 SUPPLY BY DART<br>PAINT AS PER DWG WHITE IMROM SUPPLY BY DART |                              |                       |                              |    |                          |               |                |
| Line Total:                                                                                          |                              |                       |                              |    |                          |               | \$250.00       |
| 3                                                                                                    | 71401-45                     | ADMIN FEE             | 5/18/2017<br>No<br>5/18/2017 |    | 1.00                     | \$150.00      | \$150.00       |

PO Instructions: PRIMER AND PAINT IS SUPPLIED BY DART

Note:

5/16/2017



A.T.G. Industries Inc.  
731 Industrielle Street  
Rockland, ON K4K 1T2  
Canada

Ph: (613) 446-4544

Fax: (613) 446-4556

### Pack List

Number: 913315

Date: 23-May-17

#### To

Dart Aerospace Ltd  
1270 Aberdeen St  
Hawkesbury, ON K6A 1K7

#### Ship To

Chantal Lavoie  
Dart Aerospace Ltd  
1270 Aberdeen St  
Hawkesbury, ON K6A 1K7

Ph: 613 632-9577

Fax: 613 632-1053

Ph: 613 632-9577

Fax: 613 632-1053

| Terms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                          | Ship Via |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| Quantity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Description                                                                                                                                                                              |          |           |
| Please reference this document's Pack List number on all correspondences regarding this shipment. If you have any questions, please contact us.                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                          |          |           |
| 1<br>ea<br>DAS 999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Part: D350-636-012<br>Skid Tube<br>Primed with DeSoto 515X349 per manufacturer's instructions.<br>Painted with white Imron per manufacturer's instructions.<br>Job: 21087<br>PO: PO36299 | Rev: N/A | Line: 1   |
| 1<br>ea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Part: D350-636-012<br>Skid Tube<br>Primed with DeSoto 515X349 per manufacturer's instructions.<br>Painted with white Imron per manufacturer's instructions.<br>Job: 21091<br>PO: PO36299 | Rev: N/A | Line: 2   |
| 1<br>ea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Part: ADMINISTRATION FEE<br>Administrative Fee<br>Job: 21092<br>PO: PO36299                                                                                                              | Rev: N/A | Line: 3-4 |
| <b>CERTIFICATE OF CONFORMANCE</b><br>A.T.G Industries Inc. certifies that all items in this shipment conform to the requirements.<br>Date: <u>23/5/17</u><br>Certified Signature: <u>[Signature]</u><br>Receiver Signature: <u>[Signature]</u><br>A.T.G Industries Inc. is AS9100 Registered and Nadcap Chemical Processing Accredited.<br>Note: This Packing Slip may contain parts that have been PLATED. Items that are plated may be subject to natural tarnishing and it is suggested that they be inspected within 24 hours of receipt. |                                                                                                                                                                                          |          |           |
| Made in Canada.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                          |          |           |





# Supplier Non-Conformance Report

|                 |
|-----------------|
| <b>Reviewed</b> |
| <b>DQA:</b>     |
| <b>Date:</b>    |

Printed on: Wednesday, May 24, 2017

## Details

|                                           |                                                       |                                  |                                   |
|-------------------------------------------|-------------------------------------------------------|----------------------------------|-----------------------------------|
| <b>Raised Date</b><br>5/24/2017           | <b>Status</b><br>Open                                 | <b>Owner</b><br>Menard, Jean-Luc | <b>Number</b><br>NCR17-6442       |
| <b>Target Date</b><br>5/31/2017           | <b>Standard</b>                                       | <b>Severity</b>                  |                                   |
| <b>Process</b><br>Inspection              |                                                       | <b>Audit</b>                     |                                   |
| <b>Raised By Person</b><br>Duval, Patrick | <b>Raised Against (Department or Supplier)</b><br>atg |                                  | <b>Fault Category</b><br>Supplier |

## Details

D350-636-012 B158994 and D350-636-011 B158955 was send to ATG for spray paint (PO36299). Tubes was reject at Dart due to excessive orange peel. Tubes were sent back to be scuff and re-coat. Upon return they were re-inspect, some orange peel was still noticeable in some area and some runs were notice too. Paint was also find too thick (over 7mils and 9mils in some are)

|                  |                            |                   |
|------------------|----------------------------|-------------------|
| <b>Keywords</b>  | <b>Product</b><br>D350-636 |                   |
| <b>Document</b>  | <b>Root Cause</b>          |                   |
| <b>Closed By</b> | <b>Closed Date</b>         | <b>Resolution</b> |

## Root Cause

|                                |                                 |                    |                  |
|--------------------------------|---------------------------------|--------------------|------------------|
| <b>Target Date</b><br>6/3/2017 | <b>Owner</b><br>Downing, Eric M | <b>Closed Date</b> | <b>Closed By</b> |
| <b>Details</b>                 |                                 |                    |                  |

## Actions

|                |              |                    |                       |
|----------------|--------------|--------------------|-----------------------|
| <b>Number</b>  | <b>Owner</b> | <b>Target Date</b> | <b>Completed Date</b> |
| <b>Details</b> |              | <b>Response</b>    |                       |
|                |              |                    |                       |
|                |              |                    |                       |

## Corrective Action

|                                |                                 |                    |                  |
|--------------------------------|---------------------------------|--------------------|------------------|
| <b>Target Date</b><br>6/3/2017 | <b>Owner</b><br>Downing, Eric M | <b>Closed Date</b> | <b>Closed By</b> |
| <b>Details</b>                 |                                 |                    |                  |



| Actions                                                                       |                 |                                                                   |                |
|-------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------|----------------|
| Number                                                                        | Owner           | Target Date                                                       | Completed Date |
| Details                                                                       |                 | Response                                                          |                |
| 1                                                                             | Duval, Patrick  | 5/25/2017                                                         | 5/24/2017      |
| Approval on disposition of part                                               |                 | Parts are consider acceptable, no effect on fit, form or function |                |
| 2                                                                             | Downing, Eric M | 5/31/2017                                                         |                |
| Make supplier aware of problem and request a root cause and corrective action |                 |                                                                   |                |

| Implementing Corrective Action |       |             |           |
|--------------------------------|-------|-------------|-----------|
| Target Date                    | Owner | Closed Date | Closed By |
| 6/3/2017                       |       |             |           |
| Details                        |       |             |           |
|                                |       |             |           |

| Actions |       |             |                |
|---------|-------|-------------|----------------|
| Number  | Owner | Target Date | Completed Date |
| Details |       | Response    |                |
|         |       |             |                |
|         |       |             |                |

| Verification & Review |                 |             |           |
|-----------------------|-----------------|-------------|-----------|
| Target Date           | Owner           | Closed Date | Closed By |
|                       | Downing, Eric M |             |           |
| Details               |                 |             |           |
|                       |                 |             |           |

| Actions |       |             |                |
|---------|-------|-------------|----------------|
| Number  | Owner | Target Date | Completed Date |
| Details |       | Response    |                |
|         |       |             |                |
|         |       |             |                |

**Work Order ID 158994****\*158994\***

Page 1

Tuesday, April 04, 2017 2:38:10 PM

Item ID: D350-636-012      Accept      **\*N900040100\***      Setup Start **\*NS1\***  
Revision ID:      Stop **\*NS2\***  
Item Name: Skidtube RH, Std Wearplates, DART (Apical) Cylindrical/Aerazur Float Comp.  
Start Date: 4/5/2017      Start Qty: 1.00      **\*1\***      Cust Item ID:  
Required Date: 4/17/2017      Req'd Qty: 1.00      **\*1\***      Customer:  
Reference: SCHEDULED

Approvals:      Process Plan:      Date: APR 05 2017      Tooling:      Date:      Run Start **\*NR1\***  
QC:      Date:      SPC (Y/N):      Date:      Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr             |                      |         |        |              |               |               |                  |                |
| D2750-042                      | G                        |                      |         |        |              |               |               |                  |                |
| D3492                          | E                        |                      |         |        |              |               |               |                  |                |

100      Document Control      0.00      **\*100\***      CB      JUN 02 2017  
DC      DOCUMENT CONTROL

Doc.Control -USB or Paperwork      Memo      0.00

record fwd angle: **89.8°**

Photocopy blue file and type labels per PPP D350-636-012 CHG 007



United States of America  
Department of Transportation - Federal Aviation Administration  
**Supplemental Type Certificate**

*Number* SR00646SE

*This certificate, issued to*

**Dart Aerospace USA, Inc.  
190 S. Danebo Ave.  
Eugene, OR 97402**

*certifies that the change in the type design for the following product with the limitations and conditions therefore as specified hereon meets the airworthiness requirements of Part \* of the \* Regulations.*

*Original Product—Type Certificate Number:*

\* See attached Federal Aviation Administration (FAA)

*Make:*

Approved Model List (AML) SR00646SE for approved

*Model:*

aircraft models and applicable airworthiness regulations

*Description of the Type Design Change:* Replacement of the original landing gear skid tubes with DART D350-636 skid tube system components as appropriate. The D350-636 skid tube system must be fabricated in accordance with DART Aerospace USA, Inc. Master Document List (MDL) No. MDL-D350-636, Revision N, dated September 01, 2010, or later Federal Aviation Administration (FAA) approved Revision. The skid tubes must be installed in accordance with DART Aerospace Installation Instructions No. INN-D350-636, Revision H, dated July 26, 2010, or later FAA accepted revision. This modification must be maintained in accordance with DART Aerospace Instructions for Continued Airworthiness (ICA) No. ICA-D350-636, Revision 1, or later FAA-approved revision.

*Limitations and Conditions:* Approval of this change in type design applies to rotorcraft listed on the Approved Model List (AML) only. This approval should not be extended to other rotorcraft of these models on which other previously approved modifications are incorporated unless it is determined by the installer that the relationship between this change and any of those other previously approved modifications, including changes in type design, will introduce no adverse effect upon the airworthiness of the rotorcraft.

A copy of this Certificate, AML No. SR00646SE, and the ICA must be maintained as part of the permanent records for the modified rotorcraft.

If the holder agrees to permit another person to use this certificate to alter the product, the holder shall give the other person written evidence of that permission.

*This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.*

*Date of application:* April 24, 1998

*Date reissued:* October 28, 2015

*Date of issuance:* November 19, 1998

*Date amended:* September 27, 2010



*By direction of the Administrator*

*[Signature]*  
(Signature)

*[Title]*  
Manager, Seattle Aircraft Certification Office  
(Title)

*Any alteration of this certificate is punishable by a fine of not exceeding \$1,000, or imprisonment not exceeding 3 years, or both.*

*This certificate may be transferred in accordance with FAR 21.47.*